Lectures ON DISEASES OF THE NERVOUS SYSTEM.

Delivered at the Westminster Hospital,

BY FRANCIS E. ANSTIE, M.D., F.R.C.P.,

LECTURER ON MEDICINE AT THE WESTMINSTER HOSPITAL SCHOOL, HONORARY FELLOW OF KING'S COLLEGE, LONDON, ETC.

LECTURE V.

GENTLEMEN,—Hysteria is a word the existence of which is regretted by every thoughtful pathologist; but, for good or for evil, we have got it, and for long enough to come we shall not get rid of it. The original meaning of the word is clear. It was applied to that familiar group of symptoms—flatulence, sighing, ball in the throat, palpitation, giggling, shrieking, and sobbing, kicking and struggling, the whole winding up with a great gush of pale watery urine, and a collapse of the patient into mere flabbiness—which is still vulgarly known as a hysteric fit: and the ancient theory was that these vagaries were caused by the uterus (often called the "mother"), which, in its unsatisfied yearnings, actually roamed all over the body, upsetting the affairs of all the other organs. That was a fine piece of primitive speculation, based on notions which I can't stop to explain, as to the movements of *pneumata*, or vital spirits, within the body; based also, of course, to some extent, on rough observation of the fact that unmarried females are the most frequent victims of the malady. But when once the theologians got hold of the subject, they made it far worse. So vagrant an organ as the uterus was an exceedingly appropriate habitation for an indwelling demon, and the theologians had not the least difficulty in providing a devil, or a legion of devils, as an explanation of its strange behaviour in any given case. Evil often leads to good, however. The clergy, having once directed their attention to hysterical phenomena, were not long in discovering that, though the patients were often sadly indecorous in their actions, it happened sometimes that they displayed quite an ecstatic fervour of religious emotion. The observation of this fact might well shake the conviction as to the necessarily diabolical character of the manifestations; and the result was that throughout the middle ages there was a fluctuating opinion on the subject, which tended, alternately, to exalt hysterical young women to the rank of saints (or at least confessors), and to depress them to the situation of weak mortals gripped in the clutch of the fiend. It was not till medicine became emancipated from the influence of the priesthood that these degraded and degrading views were gradually superseded; I wish I could say that they are wholly superseded even now. But at least we may affirm, that since psychology has become more distinctly a recognised branch of physiology there has been a gradual but steadily progressive tendency to regard the phenomena of hysteria in a larger, and also in a less prurient, spirit.

The attention which had been directed to the connexion between the physical phenomena of the hysteric fit and mental disturbance of an emotional kind was extremely useful and suggestive, and it became the more so when other phenomena, connected especially with *sensation*, were found to be essentially bound up with the other "hysteric" phenomena in nearly every instance where the latter occurred even in virgins, and when it was known that these phenomena, and also those more familiarly known as "hysterical," were often as distinctly manifested in married women—nay, even occasionally in men—as in unmarried girls. It is unnecessary to go through all the developments of scientific opinion: enough to say that at the present time it is clearly perceived that every symptom which has ever been placed in the hysteric category may be present in subjects who present no vestige of uterine disease; and that, whatever part the sexual organs may occasionally play in the development of hysteria, it is plain that a peculiar disposition of the nervous system is the essential underlying fact in a very large number, probably in the majority, of cases.

Now this essential peculiarity of the nervous system in hysteric patients is well defined, by Dr. Reynolds and some other authors,* as a defective proportion between the energies of the various functions; and it is observable that the general direction of the defect is towards subordination of the higher to the lower class of nervous function. For instance, there are defective will and extravagant emotion; there are defective voluntary muscular power and excessive involuntary muscular action; there is nearly always deficient skin sensation, at least in some parts, while there is exaggerated sensibility to painful impressions in other parts; there is often a spurious increase of activity of some one or more special senses, but which is really a mere effect of morbid mental concentration on that one point;—and so on. It is a familiar remark that these characteristics are but the exaggeration of features which are common to the feminine character as opposed to the masculine; and so far as this relates to the general fact that the female nervous system is usually inferior to that of the male in strength and balance of power, it is true enough. It would be far more just, however, to say that the hysterical temperament is neither masculine nor feminine, but exhibits in exaggerated degree that tendency to the cropping-up of animal characteristics, ordinarily concealed, which forms one of the strongest arguments in favour of the Darwinian theory of evolution. Hysteric patients exhibit in almost as great a degree as the insane the tendency to a recurrence to those grimaces, contortions, and other violent physical movements which are the ordinary expressions of feeling in animals and in the lowest savages.

And here we come upon the points of contact, and also of difference, between hysteria and hypochondriasis. In both there is a powerful underlying agency which consists in an exaggerated self-consciousness; but the form in which this is developed differs in the two cases, correspondingly with a difference in the organisms which are respectively the subjects of the complaints. Hypochondriasis, as I have already said, is mainly a disease of middle-aged men; hysteria is mainly a disease of immature women. The hypochondriac is a person who has usually a fully developed will and a generally good control over his volitions for ordinary purposes; it is only on one or two points that he fails to be reasonable and self-controlled, but on these particular points he is so completely devoid of the power of judgment that his ideas respecting them infect his whole mental life: he becomes selfishly absorbed in a narrow circle of feelings. The hysteric patient exhibits a far more general enfeeblement of volition; but also usually a far less degree of self-concentration, as tested by her sympathy with those around her. The hypochondriac concentrates all the energy of a will which is often very powerful on the care for his own miserable ailments; the hysteric woman is often full of benevolent intentions, but lacks the necessary volitionary energy to carry them out in the smallest degree, while at the same time she demands the constant sympathy and help of those around her. The selfishness of the hypochondriac may be said to be an active quality; it is the energy of a still powerful volition concentrated on the object of getting rid of sensations which annoy and harass the patient. The selfishness of the hysteric female is more passive in character; it is the expression of a general feebleness of volition and control-power.

You will have observed that what I have now said assumes that the nervous phenomena are the most important facts, and the nervous system is the essential seat, of hysteria. Such is, indeed, my very distinct belief; but before I go further it is right that I should state the definition of what I include under the word "hysteria." I cannot more clearly express my intention than by adopting the declaration made by the author of a very able review of the modern doctrines respecting hysteria in the October number of the *British and Foreign Medico-Chirurgical Review*:—"Hysteria is a disease of the nervous system, whose morbid phenomena consist mainly in perversions of the vital acts which manifest affections and passions (Briquet); and 'hysteric fits' are acute paroxysms of the same pheno-

* For an extremely interesting and valuable view of the general nature and treatment of hysteria I would refer to the work of Mr. Brudenell Carter. (London: Longmans.)

mena." I agree also with the reviewer's further proposition to entirely exclude neuralgia proper* and hypochondriasis from the hysteric category; and to include as varieties of hysteria (only allowing some separate and particular description to them) those singular affections known as ecstasy, somnambulism, nymphomania, and satyriasis; also the cases in which muscular anæsthesia becomes a sufficiently pronounced phenomenon to require separate consideration. As for ordinary hyperæsthesia and anæsthesia of skin or mucous surfaces, they are mere symptoms, almost universally present, of the hysteric state, and have no title to be considered as distinct varieties. A more difficult question arises as to whether the phenomena known as "spinal irritation" should be classed with hysteria. Any physician who has seen much of the two types of disease will feel that it is hard to answer this at all confidently. Although many arguments could be urged on the other side, I consider it best, on the whole, to reckon spinal irritation as a separate malady, standing, we may say, rather nearer than hysteria to the border which separates the unlocalised from the localised nervous diseases; true neuralgia being immediately next to it, but on the other side of the temporary dividing line which marks the extent of our present ignorance. We shall, therefore, treat of spinal irritation in a separate lecture, though with the proviso that I quite admit that its symptoms occasionally appear side by side with those of hysteria.

You understand, then, that the essential fact in all hysteric manifestations is the break-down of nervous power, and especially the higher kinds of nervous power. Next comes the question, How far is this break-down dependent on causes internal to the nervous centres, and how far provoked by disorders of other organs and by other external circumstances? Is hysteria to be ranked as one of the affections in which the inheritance of a badly organised nervous system is a principal factor? On this point the evidence is very conflicting; at any rate we cannot accept any evidence of heredity that is based on an enumeration of hysteric persons who have had hysteric mothers; for hysteria is a disease that may be indefinitely aggravated, or even produced, in delicate subjects, by *imitation*, and the unconscious teaching of the mother must therefore be a factor of enormous importance. Far more satisfactory is the evidence that hysteric subjects very frequently belong to families in which there is a general neurotic disposition: this is quite clear, in my judgment. But no less certain is it that the whole train of hysteric phenomena may be induced by momenta acting entirely from without, and we will first exemplify this by the effects of a purely physical injury. In their valuable work on the Gunshot and other Injuries of Nerves observed during the late American war, Messrs. Mitchell, Morehouse, and Keen describe very vividly the complete destruction of moral tone, in some of the most robust and manly soldiers, which was produced by severe injuries of nerves; the heavy and continuous strain upon the nervous centres thus set up reduced these strong warriors to a state of timidity and vacillation, alternating with causeless laughter and tears; in short, to a condition not to be distinguished from that of a hysterical girl. The same condition has often been produced by very severe shock to the nerve-centres, from a railway collision or some other sudden and violent physical concussion of the whole frame. But the proportion of cases dependent on physical violence is of course very small; and we may next consider the instances in which the apparent causes are mental. Long-protracted grief and anxiety of any kind is often followed by the development of hysteria; but this sequence is greatly more common in women than in men; and of males who thus suffer, there are but very few who were not already nervously disposed, or else of neurotic family descent: in short, it would seem that mental depression is rarely able, without a basis of organic feebleness to work upon, to induce hysteria. The next group of causes which demand our attention is the visceral diseases; and here, at last, we see reason for attributing marked predominance of influence to one special set of momenta. The ancient view of the uterine origin of hysteria was based, one might be sure, upon some considerable element of truth; and the majority of experienced physicians believe, as I strongly believe, that a disorder of *some portion*, at least, of the sexual apparatus intervenes, as one factor, in a large number of instances of hysteria. Whether it can ever, unaided by hereditary predisposition, or by powerful concurrent external causes, develop the disease, is extremely doubtful; my own judgment answers, on the whole, in the negative. Yet the influence of the sexual apparatus on the nervous centres is enormous; in the woman necessarily, in the man potentially. In the woman, each monthly period reproduces the perturbing influence which is notoriously excited by "ovulation," or the casting off of an ovum by the ovary: this disturbance is indefinitely heightened when ovulation is unusually difficult or painful; and, besides this, in many persons the disturbance continues (under the form of menorrhagia) during the intervals in which the ovary should be at rest. In the male there are no periods of necessary disturbance; but men may partly induce the same effects upon the nervous system by excessive or otherwise morbid sexual indulgence. It may be safely said, however, that the true hysteric type of nervous malady is rarely, if ever, generated by sexual causes in males, though infinite nervous mischief of other kinds may be thus produced.

Of late years there have been many attempts to show the special influence of particular affections of the generative organs; and in two directions these attempts appear to have been successful. The observations of M. Chairou, in particular, exhibit the ovaries (and especially the left ovary) as frequent disturbers of nervous peace and inciters of hysteric outbreak. Yet here, again, I must protest, on the ground of facts observed by myself, against the idea that even severe and very painful ovarian disturbance at all necessarily sets up hysteria. At this moment I have under my care one of the severest examples of ovarian neuralgic dysmenorrhœa that I have ever seen; but the young woman who is the subject of it is, in every feature of her nervous organisation, the reverse of hysterical, though the affection has lasted for some time. Nor is this by any means the only such case that I have seen. And the number of true hysteric cases in which I have been able to detect any tenderness or decided enlargement of the ovary, even at the periods, is exceedingly small.* Moreover, I cannot help saying that M. Chairou's clinical definition of hysteria is quite fanatically narrow.

The other important attempt to connect hysteria with a particular sexual disorder is made by Dr. Graily Hewitt, who brings forward a considerable amount of evidence to show that where hysteria is at all connected with the sexual organs there is *flexion of the uterus* with consequent compression and impediment to circulation in that organ. One naturally a little hesitates to believe this form of uterine disease to be as common as Dr. Hewitt thinks it; yet this is a matter of direct manual observation on which I, at any rate, have no right to speak. And it is important to observe that Dr. Hewitt, with perfect candour, admits the entire incorrectness of the view which connected hysteria necessarily with disease of the generative organs; showing that he is not influenced by the mere hysterological bias. Most assuredly, I would add, there are some women who have flexion of the uterus and are not hysterical; consequently we are, even here, led to suspect that the peripheral disease is only one factor of hysteria.

Something must be said, also, of the influence of stomach disorder in inducing hysteria, upon which so high an authority as Dr. Chambers has laid great stress. For my own part, I am unable to believe that dyspepsia, as such, has any frequent direct influence in producing hysteria, though, by leading to general defect of nutrition, it may undoubtedly conduce to the hysteric tendency.† Starved people, both men and women, have often been observed to exhibit all the symptoms of hysteria.

There is one variety, however, of dietetic indiscretion which is quite unique in its power to aggravate hysteric tendencies—viz., indulgence in alcoholic excess. I have never seen it create the hysteric temperament in women of previously sound nervous health; but in those with previous neurotic tendencies it often speedily leads to the worst and

* According to my thesis, fully developed elsewhere, neuralgia proper is distinctly and invariably a disease of the posterior root of a spinal nerve.

* Unlike uterine examination, exploration of the ovary *ad hoc* (unless there be great obesity) can generally be carried out without distressing the patient by vaginal examination. Deep pressure is made with the fingers above the fold of the groin.

† See the evidence of Dr. Saxby as to the great frequency and fatality of hysteria among the ill-fed Shetlanders. (Dr. Debell's Report on Medicine, 1870. Quoted in the Brit. and For. Med.-Chir. Review, loc. cit.)

most intractable varieties of hysteric disorder, and even to hysterical mania.

To revert for a moment to the question of the influence of sexual maladies. Is the repression, accidental or otherwise, of the natural functions of intercourse and child-bearing really provocative of hysteria in females? I have no doubt that such causes have been invested by some writers with greatly exaggerated importance, yet I cannot admit that they are never effective. On the whole, at least in women modestly brought up, it seems to be quite as frequently the case that no evil consequence results, or that the evil takes some other form of nervous disturbance than hysteria. Yet I cannot ignore some facts that have come under my notice, tending to show that in women in whom the natural temperament, though not immodest, is warm, the delay of marriage long beyond the usual age has very decidedly helped to induce hysteria, from which they were quite free in their younger womanhood. And a parallel observation, which seems to confirm the former, is the existence of cases in which the premature cessation of ovulation has very clearly been followed by hysterical irritability of the nervous system.

The researches of modern inquirers have brought into strong relief the fact, already traditionally known, that the largest numbers of first cases of hysteria occur between the ages of twelve and twenty, and that after this period of life there is a tendency to a revival, or occasionally to a first development, of the malady at other physiological crises—such as pregnancy, child-bearing, and, to a very small extent, at the so-called "change of life." The general effect of this, especially when taken together with the fact that the fully developed hysteric temperament is sometimes seen in men, and often in women who are happy wives and mothers, as a mere result of fatigue and depression of body or mind, must be to convince us that the great preponderance of hysteria in the early years after puberty is not directly due to any sexual influence, but rather to the immature and delicate state of the developing higher nervous centres, which renders them unable to cope with the stern or the agitating demands of social life, or social sympathy; that if these demands are unusually trying they may altogether generate hysteria, and even if they are less exacting they may prove too much for the patient's organisation, where there chances to be hereditary weakness of the nervous centres.

Finally, in enumerating the circumstances under which hysteria may arise, I need only mention the very great frequency with which it occurs in anæmic subjects. This frequency has, doubtless, been much exaggerated by some authors, but the careful researches of Briquet showed that out of 430 cases of hysteria there were 152 in which chlorosis existed before the hysteric symptoms appeared.

And now let me present to you a series of brief pictures of the different types which hysteria most commonly assumes; in doing which I can of course only select the most important forms of this many-sided malady.

Of the common "hysteric fit" it is not necessary to say much, since all are familiar with it, and besides it is only a minority (Briquet says only one-fourth) of hysteric patients who present paroxysmal phenomena at all.

One of the commonest types of hysteria is that in which the milder mental phenomena predominate. A young girl, harassed by a general feeling of ill-health consequent on too rapid growth, or menstrual difficulties, or both these combined; depressed, perhaps, by an injudicious system of "cram-work" in education; or worried by self-tortures about religious matters,—becomes somewhat anæmic, and somewhat languid and feeble in her movements. By degrees the power of volition begins to share in the bodily languor, and the effort of making up the mind to any course of action, especially such an action as is only prompted by the plainest duty, becomes hateful. From time to time, however, she astonishes both her friends and herself by the exhibition of surprising energy in the performance of any work of body or mind which is made palatable by emotional stimulus. She does not disgrace herself (and she would think herself disgraced) by any convulsive paroxysms, or other violent manifestations of her uncomfortable state, but she is rather given to causeless tears, and equally causeless laughter. On the whole, however, the spirits are much depressed. Two bodily symptoms which are rarely quite absent are, flatulence, and occasional attacks of palpitation of the heart, with pain in the left side; there is also frequent headache in many cases, though by no means in all. As the case proceeds, however, it is rather the mental than the bodily symptoms that predominate; the imperfect volition and self-control become more manifest; there is a tendency to helpless dependence on those around, and an imperious craving for sympathetic petting and fuss; and if that sympathy be injudiciously and excessively given the moral degeneration is apt to become steadily greater: the patient more and more limits her mental life to such thoughts and feelings as can give her some emotional pleasure, she becomes careless of duty, and very commonly also careless of truth. Observe, that all these phenomena may, and unquestionably very often do occur, without the slightest intervention of conscious morbid sexual feeling. Of those more violent kinds of hysteric mental affection which distinctly pass the limits of sanity I shall say nothing; they will be dealt with by my colleague, Dr. Sutherland.

Now let me present you with another portrait of hysteria, quite as true to life as the foregoing, yet singularly unlike it in many respects. The patient is a young, fresh, healthy-looking girl, well grown, without a trace of anæmia, indeed not unfrequently with rather a high colour. She may or may not have any distinct derangement of the catamenia. She is usually somewhat excitable and sentimental in disposition, and suffers pretty frequently from violent palpitation of the heart and sudden flushings of the face. Sometimes she loses her voice for days and weeks at a time. But her chief distress is abdominal; she is plagued with frequent attacks of rumbling wind and sudden tympanitic distension of the belly. When these attacks last longer than usual, the "wind seems to rise to her throat," and the sensation of "globus hystericus" becomes fixed there. Occasionally the attack ends with a crying fit, and the discharge of much pale urine; but this is by no means always the case. Such a patient as this is often a good hard-working girl, with no *perpetual* indolence of will, but only suffering temporary lapses into defective volition and want of self-control, which lapses may often be accounted for by unusual fatigue from over-exertion. Even this kind of person is made worse if she be surrounded by friends who continually make a fuss about her health. You see such hysteric patients as this most commonly, however, among overworked maid-servants, and generally they do not get the chance of being injured by excessive sympathy.

The third portrait that I shall draw is also one of which every medical man has seen one or two examples. A young woman—often, indeed, a young girl, in whom the menses have only just appeared, or have even not yet commenced—begins, without obvious reason, to take to sentimental notions, or to adopt an exaggerated "goodiness." She is the pet of the worthy village clergyman and his kind-hearted wife, who soon perceive that she is "delicate"; she is a martyr to headaches, and, indeed, to pains in the back and other parts of the body, which come and go with extraordinary rapidity. Gradually there grows up a legend in the neighbourhood to the effect that "that sweet Mary Jones has a diseased spine"; and, sure enough, Mary Jones takes gradually more and more to her bed, and at last lies there continually, "quite paralysed in her legs, you know." Perhaps she may never get further than this stage, being luckily dragged out of it by some shrewd and energetic parish doctor or hospital physician. But if left to her own devices she rarely stops at paraplegia. The next stage is whispering, or total loss of voice, and then comes inability to swallow. You all know the story of the "fasting girl"; and it is probable that there is more or less of conscious deception in all these cases of hysteric dysphagia, where the refusal of food is apparently complete, for such patients are by that time nearly always accomplished liars. At any rate, this is certain, that the whole train of symptoms are often rapidly curable by moral influences skilfully applied, and simple tonic remedies.

Take yet another picture. A poor married woman has had children with great rapidity, and is therefore trying to avoid a fresh pregnancy by suckling her last baby, though it is eighteen months old. She is anæmic and haggard; she complains of almost constant diffused sore pain over the whole top of the head; she complains also with especial bitterness of pains at particular points in the trunk. Briquet mentioned three special painful points as forming the *trépied hystérique*—viz., in the spine, in the right hypo-

chondrium, and beneath the left mamma: he believed these and other hysterical pains to be nearly always muscular, but it does not greatly matter what their exact situation is. There is nearly always aphonia in such cases, the voice is whispering or absent, and if you examine the glottis with the laryngoscope you will find that the vocal cords do not touch each other. There is also nearly always hysteric globus.

Such are a few of the commoner types of hysteria. In the next lecture I shall describe those rarer cases which take the form of ecstacy, somnambulism, catalepsy, nymphomania, or satyriasis. Let me conclude now with the mention of the anæsthesia and hyperæsthesia of surfaces, one or both of which symptoms are present in the vast majority of all hysteric cases.

Anæsthesia is very often found (when looked for) in one situation where its presence is highly characteristic—viz., the epiglottis and the back of the pharynx. If a patient (not having taken bromide of potassium or one of the other bromides) can, without retching, let you pass the finger well down to the epiglottis, the diagnosis of hysteria is exceedingly probable.

Equally important, however, is the search for localised patches of anæsthetic skin. Sometimes, indeed, the anæsthesia is general, but much more often it is distributed in spots, quite irregularly; these places are insensible to pricking or pinching. There is also, very usually, insensibility of the soles of the feet to tickling.

"Hyperæsthesia," or extreme sensitiveness to pressure, is very common, and not unfrequently exists along with anæsthesia of other parts. There is often a broad patch of intensely tender skin over the epigastrium, or on the side of the chest; but the locality may vary indefinitely. I have several times known the mucous membrane of the stomach to be so exquisitely tender that almost any food gave pain, the severity of which seemed to be quite genuine, and I have known the rectum to be similarly tender. But besides the localised patches of comparatively genuine tenderness, there is, in many or most cases, a spurious hyperæsthesia diffused all over the surface; this obviously exists in the patient's mind only, for though the lightest finger-touch, of which she is conscious, will make her wince and complain—once idvert her attention and you may touch her, even roughly, without her feeling it.

ABSTRACT OF

Lectures

ON

DISEASES AND INJURIES OF THE EAR.

Delivered in St. George's Hospital,

BY W. B. DALBY, F.R.C.S., M.B. CANTAB.,

AURAL SURGEON TO ST. GEORGE'S HOSPITAL.

LECTURES IX. & X.

IN considering the further treatment of perforations of the tympanic membrane it is not necessary here to refer to the history of the introduction of the so-termed artificial membrane by Mr. Toynbee and Dr. Yearsley respectively. The one consists of an india-rubber disc fixed to a piece of silver wire, and worn in the position occupied by the tympanic membrane; the other, of a small plug of cotton wool moistened with water or glycerine, and adjusted by the patient with the help of a pair of forceps to the same spot. The latter form is the more simple of the two, and when it produces equal improvements in hearing to what is done by the other, it is by far the preferable, its tendency being for good on the exposed surface of the tympanum, while the effect of the india-rubber disc is not unfrequently irritating, and increases the discharge. Judging only by the appearances of a perforation, no amount of experience can detect for certain whether a case will be benefited by wearing this. In each one the effect of applying it should be noted. After a few attempts the patient soon learns to adjust it, and, when he has had a little practice, can direct it to the exact spot requiring pressure far more readily than anyone can do it for him. The effects of this mechanical aid to hearing do not arise from supplying the place of the natural membrane as a surface on which to receive and through which to communicate vibrations of sound to the labyrinth, nor, as Mr. Toynbee at first supposed, by confining the vibrations of sound to the tympanic cavity, but by exerting the requisite pressure on the stapes, and so on to the fenestra ovalis. So long as this be exerted, it were better for the perforation not to be closed artificially, but to allow sonorous vibrations to pass directly through the tympanum; for a piece of india-rubber or a plug of cotton wool is the reverse of susceptible to vibrations of sound, and, as far as a conducting medium is concerned, is rather in the way than otherwise. In cases of perforation the normal pressure of the stapes becomes altered, as the support which the tympanic membrane in health gives to the ossicles is more or less taken away; and in cases where the malleus is gone, it is completely so. The increased hearing may therefore be said to be produced by approximating the articulations of the ossicles, or supplying their place when these bones are partially wanting. Instances out of number might be recorded where the subjects of perforation of the tympanic membrane, by using this simple contrivance, are enabled to hear quite sufficiently for ordinary purposes, and when not wearing it are quite useless for conversation.

Under the treatment recommended, as the middle ear gets into a more healthy condition, the hearing in many cases will so far recover that the use of this artificial support will not be necessary. With some few, nothing will have any effect on the deafness. On careful inquiry, a nervous complication will be found to account for this. The vibrations of a tuning-fork will perhaps not be heard at all when it is placed on the vertex; fatigue or excitement will increase materially the deafness; the hearing, which had been stationary for years, may within a few weeks have become much worse without any apparent cause, and tinnitus have come on very severely. Questions as to these symptoms should be put in every instance when a case is seen for the first time, and the answers given will influence any opinion that may be formed as to the chances of recovery from the impaired hearing.

Exuberant granulations on the exposed surface of the tympanum will require the application of an astringent. A solution of nitrate of silver (a drachm to the ounce), or the strong liquor plumbi, are both very good, and may be applied on a small camel-hair brush.

In the course of treatment of perforations, it is necessary to relieve obstruction of the Eustachian tube either by Politzer's method or with the catheter; but if there is occlusion, neither of these plans, of course, is likely to be useful. By "occlusion" is meant, where cicatricial tissue completely closes the tube; the position of this being the tympanic orifice. This condition is never present unless there has been great disorganisation of the tympanum; and the extreme deafness in these cases in all probability depends on this, rather than on the closed tube, and, as a rule, artificial support does not do much good (this is, however, subject to occasional exceptions). Irrespective of the hearing, attention must be directed to the discharge; for, besides the comfort of the patient in being freed from this, suppuration in the cavity of the tympanum may at any time eventuate in meningitis, abscess in the brain, or purulent deposits from pyæmia. A less serious complication is (when the pus has passed into the mastoid cells) caries of the mastoid process. If a patient present himself with a perforation of the membrane, pain, swelling, redness, pitting on pressure over the mastoid process, a free incision should be made without delay down to the bone, about an inch from where the ear joins the head. If this be not done, the pus will make for itself an exit, and there will be an open wound behind the ear. Patients sometimes have such a wound for years together; occasionally it closes up, and again breaks out. The most successful way of treating these cases is to use the blunt-pointed syringe fitting tightly into the meatus. The water will pass through the tympanum and out of the opening behind the ear (often in a full stream), bringing away all purulent matter and caseous deposits that may at the time be lying in the tympanum and mastoid cells. This should be done every day for some time, and gradually the wound will heal soundly.

Except when they have been the result of accident, by far the larger proportion of cases of perforation of the tympanic membrane never heal. It is not unusual to see, in middle-aged and old persons, perforations which date from infancy. The circumstances favourable to healing would be—(1) that the cavity of the tympanum be freed from morbid matter, which is especially liable from its conformation to collect in it, and act as a source of irritation; and (2) that the mucous membrane ceased to secrete. In the case of these conditions being fulfilled, perforations heal. When once the process begins, it proceeds very rapidly, and it is surprising at times to see patients with whom a discharge which has lasted for years has ceased, and the perforation has been found healed in a few weeks afterwards. It is not easy to get opportunities of watching this process; the patient has been dismissed when the discharge has ceased, and is not seen perhaps for months afterwards, when an inspection of the membrane will show what has happened. Even then it is often difficult to determine the position of the cicatrix. Great caution should always be observed in speaking of particular spots as cicatricial, especially in the case of patients where there has been no history of discharge from the ear. Without this history to guide us in the matter it is quite impossible to estimate the differences between scars and thinnings of small portions of the membrane. Chalky deposits will occasionally be seen to occupy the position of an old perforation that has healed. Two out-patients are now under observation with this condition. If a patient be seen within a few days of the membrane giving way, and the loss of substance has been very slight, provided that the tympanum is kept carefully free from secretion, the rupture will not unfrequently heal in a few days. If it does not do so very quickly the probabilities are greatly against it doing so at all. To how great an extent large losses of substance in the tympanic membrane may, under favourable circumstances, be replaced by new tissue, seems uncertain; at any rate occasionally to the extent of half the membrane. Provided that the ossicles maintain their position, and the part of the membrane to which the malleus is attached remains intact, the plane of the membrane will not be altered; but if neither of these conditions prevail, the support afforded to the membrane will be in part lost, and there will be more or less collapse. In this case, adhesions may form between the walls of the tympanum and the membrane. From the advanced position of the promontory this is the part to which such adhesions are attached. This can be seen without difficulty when only a part of the membrane is involved, and the remainder is unattached or absent; but when there is what may be called a general adhesion, where the loss of substance has been central, the precise state is not so readily detected; for then, although a part of the membrane is in truth absent, this portion is now occupied by the promontory. Under such circumstances the deafness is extreme, and no treatment is likely to be of any service.

In the course of an otorrhœa, patients occasionally bring with them portions of the ossicles which have been discharged from the ear; very often the malleus without the processus gracilis, but generally the handle is the first portion to become detached. If there have been much destruction of the contents of the tympanum, the portio dura will become sometimes involved, and there will be facial paralysis of that side. In some cases, however, the facial nerve will be affected during inflammation of the tympanum, even where the tympanic membrane has not given way, and where the hearing has been very little affected. The influence that mercury or iodide of potassium may have in producing absorption of the products of inflammation which have caused this lesion is very questionable; and, beyond causing additional discomfort to the patient, blistering over the mastoid process (the other method of treatment generally resorted to) has about the same effect, so far as can be said with anything like certainty. Where blows or falls upon the head are attended with bleeding from the ear, the tympanic membrane has been ruptured, and this whether there be a fracture of the base of the skull or not. If the patient live, the rupture generally heals in a short time, leaving more or less deafness. If an incision be made with a sharp knife purposely by the surgeon, the wound quickly closes up, sometimes in two or three days. On the same principle, if the membrane be accidentally pierced with a sharp instrument, healing rapidly takes place. Two cases illustrating this occurred at this hospital during the last six months. In one the accident was caused by a pin, and in the other by the point of a pair of scissors. If a blunt-pointed instrument be used, the deafness remaining will be very considerable; inflammation will be set up in the tympanum, a purulent discharge will follow, and the same conditions which were observed when the perforation resulted from disease will interfere with the healing process. In September last a patient attended here whose right tympanic membrane has been ruptured by a blade of straw thrust accidentally into the ear. A loud explosion close to the ear will sometimes rupture the membrane, and a box on the ear; but this last generally happens when the blow is unexpected. The tympanic membrane has given way during a violent fit of vomiting. The treatment required for accidents of this kind is, in most cases, to leave them alone, and prevent the hurtful meddling of anxious friends who advise all sorts of things to be poured into the meatus, and generally with the result of exciting inflammation of the tympanum. If there is any bleeding, the ear should be syringed with great gentleness; and if the pain following the accident does not shortly subside, three or four leeches should be placed in front of the tragus, and followed by fomentations. Should the wound not heal, and a discharge be established, the case will require the same management as a perforation after disease.

When a discharge from the ear has lasted for a long time, upon examination a small, fleshy, globular tumour may sometimes be detected in the position usually occupied by the tympanic membrane, or it may be so large as to fill completely the external meatus, and project as an exuberant mass from the outer orifice of the ear. In either of these cases, and in the intermediate ones, the growth is spoken of as a polypus of the ear. It is quite the exception to meet with these little tumours excepting when there is a perforation of the tympanic membrane. If the polypus is a large one, and projects from the ear, it is either covered with epidermis or has a raspberry-like appearance that is rather characteristic. In structure aural polypi are fibro-cellular as a rule, and in proportion to the age of the growth so will the fibrous element predominate. A section which has been made from a polypus that has been hardened with chromic acid will present very much the appearance of fibrous tissue in the course of development — a stroma composed of delicate fibrillæ, and scattered throughout it round and oval cells, some beginning to become elongated, the fibres exhibiting a tendency to arrange themselves in lines. These are the general appearances noticed by Dr. Whipham, who has examined a considerable number removed at this hospital. In one case of a polypus growing from the roof of the tympanum, which was removed last December, its structure was very much allied to that of myxoma. The lining membrane of the tympanum is by far the most frequent situation from which polypi take their rise; the next in frequency are the meatus and the tympanic membrane. Whatever the structure, and wherever they arise from, the sooner they are removed the better. In the first place, they intercept the passage of sound to the labyrinth; in the second, they keep up a most unhealthy condition of the whole of the middle ear; and, in the third place, they may become indirectly the cause of death by preventing the free egress of discharge from the tympanum, thus inducing purulent absorption, meningitis, or abscess in the brain.

In undertaking the treatment of a case of polypus of the ear, it is well at once to recognise its possible tediousness, and the necessary perseverance that may be required both on the part of the surgeon and patient to effect its complete eradication. It is perfectly useless to remove polypi and to do no more. No sooner are they taken away than they at once commence to grow again, and for this reason their extraction should be regarded merely as the preliminary step in treatment. When the meatus has been syringed, light should be reflected from a mirror worn on the head as in using the laryngoscope; both hands will thus be free. The growth should be carefully examined with a probe to estimate, as nearly as possible, the exact spot from which it springs. If it be a large polypus a speculum will not be necessary, and a convenient instrument to use is a Wilde's snare. The noose should be made of fine fishing gimp, as this runs more easily through the rings than wire. When it is placed round the growth, and the point of the snare pressed as close to the root as possible, it should be made

to cut its way through. If the polypus is not readily seen without a speculum, the largest one that the meatus will hold being placed in it, and the light reflected down it, the growth may be seized by a pair of rectangular ring forceps and pulled away. The root must now have a caustic regularly applied to it until it shows no further signs of regrowth. The caustic must be a strong one. Nitrate of silver is too weak. Potassa fusa and nitric acid are somewhat unmanageable, as they are apt to spread on to parts which it is not desirable should be touched. I am in the habit of using chloro-acetic acid on a small camel-hair brush, and apply it very freely. If the pain in doing this is severe it subsides immediately after using a syringeful of water. Eight or ten applications may be enough, but there can be no rule laid down for this. It is well to use it every day for a few times, and then less frequently. Having effected the complete eradication of the polypus, the further treatment will be the same as for an ordinary case of perforation of the tympanic membrane. As the discharge ceases the hearing improves, and the cotton wool must be worn when it is found to be useful.

The chief causes of failure in the treatment of polypus of the ear may be found, firstly, in the insufficient use of caustics—insufficient, because not continued for long enough periods; secondly, in the neglect of assiduous care in cleansing the middle ear and inducing a healthy condition of its lining membrane in the ways described in a former lecture. I am led to dwell on the perseverance required in these cases, so that work may not be half done, and that patients may not be dismissed only to reappear some months later with another growth in the same situation as one that has been removed.

THE RELATIVE FREQUENCY OF DISEASE BETWEEN THE RIGHT AND LEFT SIDES OF THE HEART;

DEGENERATION OF THE HEART, ITS CAUSES AND MEANS OF AVOIDANCE.

BY CORNELIUS BLACK, M.D. LOND., M.R.C.P.,
CORRESPONDING FELLOW OF THE IMPERIAL SOCIETY OF PHYSICIANS OF VIENNA, CORRESPONDING MEMBER OF THE IMPERIAL SOCIETY OF MEDICINE OF LYONS, ETC.

(*Concluded from page* 809.)

THE TREATMENT OF THE DIFFERENT FORMS OF HEART DISEASE ALREADY CONSIDERED.

I HAVE said that mitral and tricuspid incompetency, with hypertrophy, may exist for years without appearing to become at all worse. During this period, however, slight disturbances are apt to arise and to threaten the establishment of the secondary consequences of regurgitation. The heart's action, from some inappreciable cause, is more abrupt and more troublesome than usual in the sensations which it excites; the feet are slightly œdematous; and the breathing, a little short, becomes sensibly shorter on exertion. The patient does not consider himself materially wrong; but he feels that the action of his heart is a little more evident to him than usual, that his breathing is somewhat shorter than it was wont to be, and that he cannot in consequence walk quite so well as formerly. In no other respect is he altered. Still, his present condition is sufficiently subjective to induce him to place himself in the hands of his medical attendant.

Now, this condition is generally soon relieved by a combination of sulphate of magnesia, digitalis, and a vegetable tonic, together with small doses of grey powder. The digitalis first regulates the movements of the heart, and afterwards acts the part of a diuretic; the aperient gently unloads the venous capillaries of the abdominal organs and lower extremities; and the tonic maintains the tone of the body by keeping up the appetite for food. As soon as the bowels have acted a few times, the kidneys increase—sometimes greatly—their secretion; and in a few days all puffiness of the feet, all unusual trouble of the breathing, all disturbed action of the heart, are gone. Here it is not necessary to produce a sudden and powerful impression upon the system. It is sufficient to produce the desired impression by more gentle means. This will generally be effected by doses of half a drachm of sulphate of magnesia, five drops of tincture of digitalis, half an ounce of infusion of quassia, twenty drops or minims of tincture of henbane, and an ounce of cinnamon or peppermint water, taken three or four times a day. These quantities must, of course, be either increased or diminished according to the effect produced. If two, or at the most three, liquid evacuations from the bowels be thus produced in twenty-four hours, the desired object will soon be attained. During this time the patient must be sustained by a good, plain, nourishing diet. His strength must not be allowed to go down; nor will it do so, if only two or three liquid evacuations be obtained in twenty-four hours, and food of proper kind and quantity be taken. Instead of feeling depressed by each alvine evacuation, the patient will feel himself relieved; and, instead of losing strength, he will daily increase in strength from the effects of the remedies employed.

In some instances of this kind, a somewhat faded hue of the lips and a more than usual pallor of the countenance indicate deterioration of the blood in a reduction of the natural quantity of the red globules. This state is rectified by adding to the mixture already advised the sulphate of iron in half-grain doses in the first instance, and in doses of from this quantity to two grains after several liquid evacuations have been produced. To begin with iron in even one-grain doses without having first unloaded the vessels of the digestive organs is, very frequently, to produce headache, nausea, loss of appetite, thirst, and more or less excitement in the general system. Given, however, under the restrictions named, it will produce no such untoward results; and its use may then be continued until the blood has reacquired its proportionate quantity of red globules, as indicated by the return of the natural colour to the lips and of the accustomed hue to the skin.

In degeneration of the heart's structures a depressing plan of treatment must never be adopted. Medicine, diet, and regimen must have for their object to support the strength, to arrest degeneration, and to prevent sudden death. When the heart's action is too feeble, the contractile power must be increased; when too slow, it must be quickened. Small doses of strychnia, with nitric acid, are the best calculated to effect the former object; ammonia, with a bitter, the latter.

In both degenerations which have been considered, there is an excess of carbon in the blood and tissues. More oxygen is therefore required, to combine with the carbon, and to convey it beyond the precincts of the vital force. So far, then, as oxygen can be introduced into the system by mere medicinal agents, it should be done. This reason counsels the exhibition of those chemical agents which have the highest combining proportion of oxygen. Nitric acid, nitrate, chlorate, and permanganate of potash, stand at the head of this group. Used in conjunction with vegetable tonics, they will effect all the good which may be expected from agents of this class. If the blood has undergone any other change, it should be ascertained in what that change consists; and the proper remedy ought, if practicable, to be applied. If there is a deficiency of red globules, iron must be given; and of the preparations of this mineral the pernitrate and the persulphate will, from their large proportion of oxygen, be the best. To ensure their toleration by the stomach they ought *at first* to be given in small doses, and always immediately after food.

The same principle which governs the exhibition of medicinal agents must be applied to the food and drinks. The food should be chiefly animal—lean meat, fish, game, poultry, eggs, cheese, with a moderate use of those productions of the vegetable kingdom which contain the greatest amount of vegetable albumen, as peas, beans, macaroni, and gluten bread.

To the question as to the use of alcoholic drinks, the chemical views that liberate the elements of alcohol in the blood, that recombine its carbon in the form of fat, or unite it with the free oxygen of the blood to the prejudice of the due oxygenation of the tissues, need not be rigidly applied. A stimulus of this kind is necessary when the patient manifests a frequent tendency to syncope, when the heart's action is very feeble, and when the extremities are usually cold. In such a case it is better to use it in small quantity,

at stated intervals, than to fly to it in an emergency only, when danger threatens. The former plan is calculated to ward off sudden death—the latter may be too late to avert that catastrophe. The proper times for the exhibition of the stimulus are the intervals between meals. Given at half distance between the times of taking food, the efficacy of the stimulus will begin to be felt when the natural stimulus of the previous meal is just passing away, and the gentle stimulation thus produced will be maintained until the time for the taking of the next meal comes round. In this way the system would never be allowed to flag, the heart's action would be maintained with regular force, and the circulation through the brain would be so effectively sustained as to lessen considerably the prospect of a fatal collapse of its vessels. In this way, too, the system would never be too greatly stimulated at once, nor would the heart be urged to efforts beyond its natural power. Two or three teaspoonfuls of brandy, an ounce of wine, or four ounces of bitter ale, will be amply sufficient at one time to effect the object in view. More than this might impart too great a stimulus—less than this would scarcely maintain the feeble efforts of a degenerated heart.

To guard against the occurrence of sudden death, it must never be forgotten that, in rising from the recumbent to the erect position, the heart is suddenly required to throw the blood against the force of gravity to the brain. A heart whose muscular fibres have undergone more or less degeneration either from the influence of defective ventilation, as in the carbonised heart, or from the cause which determines the conversion of their sarcous element into fat, may be equal, and only just equal, to effect the circulation through the distant parts of the body under the ordinary stimulus of the waking condition. In this condition the whole nervous system is fully alive to the duty which it has to perform; the innervation of the heart is in consequence as great as its degenerated structures will permit it to receive, whilst the power of that organ is, for the same reason, as effective as the particular circumstances of its disease will allow. In this state, with all the stimulus and power imparted to it by the waking condition, it is just able to carry on the circulation and to maintain life. Alter this state, reduce the innervation and power of the heart by the lethargy of sleep, and in what condition do we then find the heart? The lethargy of sleep does not vanish like a shadow from the nervous system immediately after waking. Some short time must elapse before the body can resume the full activity of life, before the nervous system can rouse itself afresh, before it can impart fresh vigour and energy to the heart. As the body lies, the heart, even in its as yet depressed condition, can readily effect the cerebral circulation, because its action is not opposed by the force of gravity. It contracts as the body rests in the recumbent posture, and the blood flows with ease and freedom to the brain. There is no ascent to be climbed, no force of gravity opposing the onward stream of blood from the left ventricle. That, however, which the heart now accomplishes with ease is much more difficult of accomplishment when the ventricular force is opposed by that of gravity. This very condition may make all the difference between perfect safety in the recumbent posture and the greatest danger of sudden death on rising to the erect position. When, therefore, the change from one to the other is made, the body should be in its greatest vigour, the nervous system in lively activity, the heart in its fittest mood and power to act. For these reasons, a patient who has a degenerated heart ought never to rise from the recumbent position immediately on waking. Where the degeneration is considerable, there is the greatest danger in doing so. What, then, is the safeguard, what the precaution to be adopted? It is this. *The recumbent position should be continued for some time after waking; the body should either be refreshed and invigorated by the natural stimulus of food, or it should be roused by some other stimulus, before the erect position is assumed.* The observance of this precaution will save many lives, its disregard will pay the penalty of death.

The most important element, however, in the treatment of these degenerations of the heart is that of the condition of the air breathed. A full supply of oxygen must be had; an absence of carbonic acid from the air respired must be ensured. The open air and perfectly ventilated apartments are essentials for the fulfilment of these conditions. A degenerated heart is not equal to much physical exertion. Exercise on foot should be taken with caution; exercise in a carriage may be taken with more freedom. The former must never be carried to fatigue, nor the latter by long continuance to weariness. Within the strength of the patient, gestation in the open air, at proper seasons, should nevertheless be practised to the fullest extent.

To secure the necessary supply of pure air within doors, ample space and perfect ventilation are indispensable. In the present construction of our dwellings these requisites are seldom indeed to be found. The eye may have been pleased, the pocket considered, but health has scarcely received a passing thought in the question of these erections. Architecture has much to undo, much to learn, before it can satisfy the simple laws of nature. In ignorance of these laws houses are built, stately edifices erected, and no thought or care is taken to render the air within as pure as the air without. It is, nevertheless, easy to accomplish this desideratum; but blind, unyielding ignorance chains death in every room.

No system of ventilation can be perfect which does not provide for a constant inflow into our rooms of an ample supply of fresh, pure air without draught, and for an equal outflow of the air already breathed and of the carbonic acid generated by respiration and by combustion. If these provisions do not exist, carbonic acid accumulates in the air of occupied apartments, and renders it at length poisonous to life. When rooms are felt to be oppressive, hot, and stifling, the too ready practice is to throw open the windows, under the belief that complete ventilation will thus be accomplished. False reasoning! Delusive error! No sooner are the windows opened than in rushes a volume of cold air, driving the heated air and carbonic acid before it through open inner doors into other apartments, and often forcing them up the well of the staircase into chambers above, in which the carbonic acid, as it cools, descends upon any occupants therein, and passes at each inspiration into their lungs. It is an error to suppose that carbonic acid, by reason of its greater specific gravity than common air, *always* seeks the ground. It, on the contrary, is rarefied by heat and ascends to the ceiling of the room, from which it gradually descends as it cools, and is thus brought to the level of the breath-draught of the occupants. When the ceiling of a room is low-pitched, with the doors closed, and gas and fire burning, the carbonic acid generated floats for a short time above the breathing-level of the occupants; but as it passes from the more heated parts of the room to those whose temperature is lower, it cools, descends, and very quickly comes within the respiratory grasp. It is manifest that the true principle of ventilation must ensure the escape of this poisonous air at the highest level of the room, or at least at a height which is above the breathing-level of every individual. To effect this object, the inflowing air ought to be admitted at the same level, where its increased density and velocity will enable it to drive the foul, heated air before it to the outlet, through which it will escape into the great ocean of atmosphere without. Now, the admission of fresh air at this level will be productive of another important advantage; for, as the air distributes itself and descends, it will become gradually warmed, and, when it comes into contact with the living body, it will neither produce the sensation of cold nor will it excite the sensibility of the most delicate heart or lungs.

By proper calculation as to the quantity of oxygen which will be consumed and of carbonic acid which will be generated by the respiration of a given number of persons, by gas-jets, and by fire, the admission of fresh air into a room may be so regulated and proportioned that the oxygen of this included air shall not undergo any sensible diminution, and that the removal of the pre-breathed air shall be effected as rapidly as it escapes from the lungs.

An atmosphere thus changed and thus purified is an important element in the treatment of every form of heart disease. In the degenerations which I have been considering, it is especially necessary; because it offers the most efficient means of removing by its oxygen the carbon which has accumulated in the system as the consequence of defective ventilation, and of preventing, by complete oxidation, that partial conversion only of the muscular fibre of the heart which effects its transformation into fat.

Whenever there is manifested by a patient the disposition to exclude the fresh air, and to immure himself at all times in the pestiferous atmosphere of over-heated, ill-ventilated

apartments, the desire must be opposed with an authority and an influence which belong only to a medical man. If the habit be allowed, the day of danger and retribution will inevitably follow.

The laws of nature are the laws of life. They are as immutable as their Great First Cause—as indestructible as matter itself. They may be violated, but not abrogated. They may be disregarded, but not defied. They punish in proportion to their violation. They protect in proportion to their observance. Infused by the Creator into His works, they control alike the animate and inanimate world. The former may challenge their power, but the latter ever offers submissive obedience. Thus it is that man disobeys their injunctions and pays the penalty of death; whilst the unconscious, soulless atom submits, and is subject only to its accustomed cycle of change.

Harley-street, W.

EXCISION OF THE PROXIMAL PHALANX OF THE RIGHT THUMB FOR ENCHONDROMA.

BY H. ROYES BELL, F.R.C.S.,

ASSISTANT-SURGEON TO KING'S COLLEGE HOSPITAL; SURGEON TO THE ST. PANCRAS AND NORTHERN DISPENSARY.

THE following case is a good example of the value of conservative surgery, when applied to the saving of a portion of the body, however small. The importance of the right thumb for use as well as ornament cannot be overestimated. I quote the particulars from notes taken by Mr. Budd.

Emily S——, aged nineteen, single, was admitted into King's College Hospital, in Jan. 1871, suffering from a large enchondroma affecting the proximal phalanx of the right thumb. Her general health is good. When she was three years old, a small swelling was noticed on the right thumb, and ever

since that time it has gradually grown. She suffered no pain in the thumb until just before Christmas, when an ulcerated surface formed on a prominent part of the swelling. There is a large growth of an irregular shape, presenting all the appearances common to an enchondromatous tumour, involving the whole of the proximal phalanx of the right thumb. Both the metacarpo-phalangeal joint and that of the distal phalanx are unaffected, and can be freely moved. The skin over a portion of the tumour has ulcerated, as is well seen in the preparation and cast. The patient seemed pulled down, and not in good health; this was no doubt due to pain in the tumour, but especially to the dread of an impending operation.

I removed the enchondroma by excising the proximal phalanx, and the hand was placed in a splint with a thumb-piece. The excision was done by making a couple of lunated incisions over the dorsal surface of the tumour, meeting above and below, and including the ulcerated portion of skin; the proximal joint was opened, and the phalanx removed by keeping the knife close to the bone; then the ligaments of the distal joint were divided. No tendons were cut, and none of the soft tissues removed, as can be seen on looking at the specimen;* the nature of the incisions can also be seen. The accompanying engravings are from

casts of the thumb taken before and after operation. The distal phalanx was (as may be seen) brought to the metacarpal bone by a long transverse line of union. There was some irregularity and puckering here, as a matter of course, from unavoidable redundancy of tissue; this was carefully moulded by Mr. Roche, the house-surgeon, daily; and to his care and attention in dressing the case and keeping the finger in good position much of the after-success has been due. I may say in passing that too much of the skin was not left in this case, and, according to the teaching of the school to which I belong, cannot often be left after operations. My friend and colleague, Dr. Kelly, made some beautiful microscopical sections of the tumour, which appeared to consist of pure hyaline cartilage, partly covered by a thin shell of bone and intersected by delicate bands of fibrous tissue.

The evident freedom in this case of the joints from implication by the tumour suggested to several the propriety of excision over amputation, the other alternative; and it was only a question of the amount of utility of the member after recovery that had to be considered; and I have deferred bringing the case before the profession until time should have determined this interesting point. I must confess that the result has more than answered my most sanguine expectations, as the condition of the thumb of the girl testifies. She writes a good hand, and tells me that she can do her work better than ever. Eighteen months after the operation she had all the movements of the thumb except possibly *forcible* extension. The preparation shows that the whole of the proximal phalanx was implicated by the tumour, and that any partial operation was out of the question.

Harley-street, W.

* The case was shown before the Fellows of the Medical Society of London.

PRESENTATION.—Dr. J. G. Carruthers, of Northampton, was recently presented by the nurses and servants of the Northampton General Infirmary with a testimonial on the occasion of his relinquishing the office of house-surgeon to the institution.

CLINICAL REMARKS
ON
CHLOROFORM AND ITS ADMINISTRATION.

BY G. VIVIAN POORE, M.D.,
LECTURER ON MEDICAL JURISPRUDENCE AT CHARING-CROSS HOSPITAL.

(*Concluded from page 702.*)

IF these measures fail, at once commence artificial respiration after Silvester's method. Get an assistant to hold the tongue well forward, and begin the artificial respiration with expiration, your first object being to empty the lungs of the chloroform vapour. Let your patient lie flat upon his back, and take up your position directly behind him. Then seize the patient's arms just at the elbows, press them firmly against the sides of the thorax, and then slowly and gradually and firmly draw them directly above the patient's head. Each time that this is done properly the noise of inspiration will be heard. Above all things, do not hurry, and do not perform the act of artificial respiration too quickly, or you may thereby defeat your object. About fifteen times in a minute is quite enough. When speaking of the importance of not hurrying, Dr. Marshall Hall says: "I removed larynx and windpipe, and attached the nozzle of the syringe to the lower part of the latter; on drawing up the piston the chordæ vocales were seen to be drawn together whenever the piston was moved with some degree of rapidity, *and all ingress of air into the windpipe utterly prevented.*" The conclusion which we must draw from this experiment is, that if you attempt to make air pass with undue rapidity through the trachea you defeat your object.

Having got artificial respiration fairly started, send the nurse for a hot bottle and one of the assistants for Stöhrer's galvanic battery, and if there should be any more by-standers bid them promote circulation by friction of the legs. When the hot bottle arrives place it between his legs, being careful not to scald him, but do not for a moment relax your efforts at artificial respiration. On the arrival of Stöhrer's battery proceed to galvanise the phrenic nerve, and so help inspiration by causing the diaphragm to descend. Place one rheophore just at the point where the omo-hyoid muscle passes beneath the sterno-mastoid at the anterior part of the posterior triangle of the neck. Have your rheophore well moistened, and press it firmly down in this situation, then apply the other rheophore to the lateral region of the thorax in the sixth or seventh interspace. This will cause a steady descent of the diaphragm. After five or six seconds break contact again. Then, after a slight interval, make contact, and so on. Each contact of the rheophore will cause descent of the diaphragm and consequent inspiration. There are two things to be guarded against; one is not to use too strong a current, and the other is not to continue the application for too long a time. You must cause the diaphragm to descend so as to imitate natural respiration as closely as possible. Remember it is the phrenic nerve and the diaphragm that you want to galvanise. If you attempt to galvanise the pneumogastric nerve and the heart, you will only be adding another cause of death to the one with which you are already grappling; and, for the purpose of avoiding this, I advise that the rheophore should be applied to the lateral, and not the sternal, region of the thorax. I see no reason why galvanism of the diaphragm and Silvester's method should not be employed simultaneously. In this case you would apply the rheophore to the diaphragm at the time at which the arms are drawn above the head, and you would break contact while the elbows are being pressed against the side. If these methods succeed (as they invariably do succeed) in causing inspiration and expiration, you must continue perseveringly to use them. Admit lots of fresh air, at the same time keeping your patient warm with a blanket and a hot bottle, and endeavouring to promote circulation by friction of the limbs. These efforts must not be relaxed for at least an hour and a half, for we have the evidence of successful cases to show that up to this time there is hope of recovery. In resuscitation from an overdose of chloroform, as well as in resuscitation from drowning, the attendants should bear in mind the admirable motto chosen by the Royal Humane Society, *Lateat scintillula forsan.*

Artificial respiration is undoubtedly the measure *par excellence* on which we should rely. If the above modes of inducing it do not succeed, a catheter may be passed into the larynx, and inflation of the lungs effected through it. Brandy enemata, flipping with a towel, and the application of ammonia to the nose, are not likely to be of much use if artificial respiration does not answer, but they may all be of some service if the patient only partially rouses, and shows signs of relapsing again.

In those cases which die suddenly, apparently from paralysis of the heart, Dr. Holme, of Chicago, recommends that the patient should be placed with his head downwards, on an inclined plane of about forty degrees.

Patients who are going to take chloroform should be warned not to take any solid food for some hours previously, so as to lessen the chance of vomiting. On the other hand, we must be careful that the patient is not exhausted from want of food at the time of the operation. If a patient is to undergo an operation at 2 P.M., I usually direct him to eat a good substantial breakfast at 8 A.M., and then about 12 o'clock to take a small basin of soup and a glass of sherry. You must not allow him to take solid food for at least four hours before the operation, for the process of digestion seems to be delayed by the state of mental anxiety in which a person usually is before a surgical operation, and I have often been astonished at the great lumps of undigested meat which I have seen a patient vomit, although his last meal had been some hours before.

I have seen two nearly fatal cases of syncope under chloroform, due, I believe, to the exhausted condition of the patient. One was that of a little girl in delicate health, who, prior to being operated upon for squint, had been kept, in the middle of winter, for three hours in a cold waiting-room, she not having had any food since breakfast, the time then being 3.30 P.M. The other was that of a woman who was to have ovariotomy performed, and whose last meal, a very small one, had been five hours previous.

For the first ten or twelve hours after taking chloroform I think it is advisable to limit the patient to a liquid diet, so as to avoid all risk of inducing vomiting. It is a good plan, especially if the patient has been subjected to a severe operation, to give a dose of morphia, hypodermically or otherwise, before the effects of the chloroform have quite passed off. This will induce sleep for four or five hours, and the patient will awaken therefrom much refreshed.

Are there any conditions which contra-indicate the administration of chloroform? No. I believe that chloroform may be safely administered in all cases in which it is thought advisable to subject the patient to surgical interference. If he have a fatty heart I believe that his very safety (supposing an operation to be absolutely necessary) is immensely enhanced by the administration of chloroform, as without it the shock of the operation, acting upon a fatty heart, would very likely cause fatal syncope. Do not misunderstand me. I do not mean to say that the presence of a fatty heart does not increase the danger of chloroform, for I most decidedly think that it does do so, but I believe that if a patient with a fatty heart (a condition, by-the-by, very difficult to diagnose) is absolutely obliged to undergo a serious operation, it will be safer for him to take chloroform than not to do so. Moderate valvular disease of the heart or disease of the lungs does not increase the danger of chloroform. An intermittent pulse is no contra-indication. Hysteria is a condition that causes inconvenience, but no danger. If a patient has an hysterical fit, as is not uncommon in the early stages of chloroform inhalation, continue the administration, and you will find the hysterical condition gradually subside. With epileptics the rule is different. The epileptic convulsion is an asphyxiating condition; if therefore a convulsion occur during chloroform-inhalation, stop till the fit has subsided, and then recommence.

Chloroform may be administered to patients of any age. Children, and even babies of a week old, take it very well, but of course great care is required in the administration.

In conclusion, I have only one piece of advice to offer, and that is that when administering chloroform you must give your patient your undivided attention, and you must not allow your thoughts to wander for an instant. You cannot give chloroform and attend to the operation as well. By doing so you jeopardise your patient's life. While under the influence of so powerful an agent as chloroform, the

patient's condition varies almost momentarily, and requires almost momentary variations in the mode of administration of the anæsthetic. I believe that many of the victims of chloroform might have been still alive if the administrator had not attempted to do that which, in my opinion, nobody, except in extraordinary circumstances, is justified in doing—namely, the performing of the double office of surgeon and anæsthetist.

A Mirror OF HOSPITAL PRACTICE, BRITISH AND FOREIGN.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum, tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Proœmium.

GUY'S HOSPITAL.

CLINICAL REMARKS ON ALBUMINURIA; ON EMPYEMA; AND ON TYPHOID FEVER.

(By Dr. WILKS.)

Albuminuria.—Albumen may appear in the urine as the result of a cold. The explanation of this seems to be that the cold sets up in the uriniferous tubules a condition closely resembling that found in the bronchial tubes when they are affected. When the kidney recovers itself the albuminuria disappears. But a cold may give rise to acute tubular nephritis; and even this may be recovered from. The albuminuria dependent on the inflammation produced in this manner is very different from that which occurs as a result of a chronic degenerative change in the tubules of the kidney, which is itself often only a part of a general condition. Their respective prognoses are different. It is difficult to say the exact time at which albuminuria, as a result of acute tubular nephritis, becomes incurable. There is no doubt that many persons who have been condemned have recovered. Dr. Wilks formerly thought that if dropsy and albuminuria, as a result of acute tubular nephritis, lasted six months, cure was impossible. But he thinks so no longer; for he has seen cases recover after a much longer period than this. One of the first places in which dropsy, as a result of renal disease, shows itself is the sub-conjunctival tissue. Drs. Bright and Barlow always looked to the conjunctivæ when kidney disease was suspected, and laid great stress on the presence or absence of œdema of this part. When œdema is present the conjunctivæ look bright and glistening, and the eyes appear suffused with tears; but an examination will show that the fluid is beneath, and not upon, the mucous membrane.

Empyema.—In empyema the lung of the affected side becomes contracted, condensed, and unable to expand; consequently, when the fluid in the pleural sac becomes absorbed, the chest walls gradually retract. On the healthy side the lung becomes the seat of a compensatory hypertrophy, just as one kidney enlarges if the action of the other be interfered with. The cure of a case is therefore very tedious, as time must be allowed for the recession of the firm and resisting chest walls. The walls must fall to the lungs, as the lungs cannot expand to the walls. It is impossible for the lung to expand when covered with a layer of lymph. Dr. Wilks was unable to expand a lung post mortem by means of the bellows, in a case of pleurisy of but six weeks' duration, but when he removed the layer of lymph from the visceral pleura, expansion was readily performed. If there are no signs of absorption of the pus, it is the best treatment to make a free opening into the sac, and evacuate the contents. The cavity will then gradually close, partly by the formation of granulations, but chiefly by the recession of the chest walls. Care must be exercised to prevent decomposition of the matters that collect in the sac. This is best done by washing out the cavity several times daily with some carbolic acid solution or Condy's fluid.

Typhoid Fever.—It is sometimes very difficult to diagnose typhoid fever; for, on the one hand, it may present chiefly head, lung, or intestinal symptoms, while, on the other hand, ordinary affections of these organs are often accompanied with pyrexia. It will often be found exceedingly useful in diagnosis to follow the history of the case. In fact, a diagnosis may sometimes be made by reading the notes of a case when a personal examination of the patient gives only negative results. This will be found to be the case more particularly in typhoid and typhus fevers. These two diseases may closely resemble each other in their clinical aspects, but by paying attention to their history, their mode of onset, and their course, a diagnosis may often be positively made where doubt previously existed.

LONDON HOSPITAL.

TUBERCULAR DISEASE OF THE LEFT TESTIS AND LEFT VESICULA SEMINALIS AND VAS DEFERENS.

(Under the care of Mr. RIVINGTON.)

IN his work on the Testis (p. 320), Mr. Curling states that M. Gosselin has often detected by digital examination in the rectum an affection of the vesiculæ seminales and prostate in cases of tubercular disease of the testicle. That M. Gosselin's assertion is correct there can be little doubt, and the following case shows that disease of the vesiculæ may be readily detected by rectal examination. In many cases occurring in English practice it has not been found because it has not been looked for.

Chas. C——, aged twenty, was admitted into the London Hospital on the 13th February, 1872, with tubercular disease of the left testis. The disease began two years previously with smarting pain in the urethra. Six months before admission he noticed a discharge of yellowish slime (gonorrhœa?), which lasted about a month. At times the urethra was hot and inflamed. Eighteen months ago his testicle swelled, and a sinus formed, which discharged matter and then healed, leaving a small scar. Three or four hard lumps were perceptible along the epididymis, but there were no enlarged glands in the groin. On examining the patient per rectum, Mr. Rivington noticed a hardness in the prostate on the left side, and, proceeding backwards from the prostate on the left side, a hard cord-like body similar to a thickened vas deferens, and a more lobulated body outside this, such as would be produced by enlargement of the vesicula seminalis. On the right side the vesicula seminalis could just be discriminated, the contrast between the two sides being very marked. Mr. Curling examined the patient a month afterwards, and corroborated the opinion formed, that the vesicula seminalis and vas deferens were affected and thickened, probably from the presence of tubercle. There was no pain in the testicle, nor had it increased in size lately. The cord on the same side was natural as far as the inguinal canal.

It may be noted that the patient had had hip-joint disease on the left side eight years ago. The left hip-joint was anchylosed, and an old scar of a healed sinus remained six inches below the trochanter major. The left leg was shortened two inches, one inch being due to the femur, and one inch to the defective growth of the tibia and fibula.

The patient was ordered cod-liver oil and steel, with injections of a mildly astringent character to check the urethral discharge. It was considered inadvisable to excise the organ.

RUPTURED JEJUNUM; ABSENCE AT FIRST OF SERIOUS SYMPTOMS.

(Under the care of Mr. RIVINGTON.)

John R——, aged thirty-two, brewer's man, was admitted February 19th, 1872. Patient was walking across a plank laid over a brewer's vat, when he missed his footing, and fell a distance of sixteen feet. When he came to the hospital he was examined by the house-surgeon, who was unable to detect any sign of a serious injury, and, consequently, gave him an out-patient's ticket. Later in the day he returned, complaining of pain in the chest and also at the lower part of the belly. He was admitted as a case of contused chest. The patient was a very stout man, with much fat on his body, and it was therefore difficult to examine satisfactorily his ribs and sternum. His water was drawn off, and it was like dark tea, without blood. He

vomited once when he came in. Subsequently he had a disposition to vomit, but did not bring up anything. When seen about 5 o'clock by Mr. Rivington he did not exhibit the usual signs of the injury from which he was suffering; he did not complain of pain in the abdomen; he was not sick, and he was not in a state of collapse. In the course of the evening severer symptoms came on, and he died on the following morning at 11 A.M. At the post-mortem examination the jejunum was found ruptured near the duodenum, and the sternum was fractured.

SEQUEL OF A CASE OF SYPHILITIC CARIES OF SKULL, WITH ABSCESS IN THE BRAIN.

(Under the care of Mr. HUTCHINSON.)

This patient, Oliver H——, who was progressing favourably at the time of our last report (see page 334), became worse about the first week in September. His hemiplegia, which had somewhat diminished, again increased, and became almost complete as regards motion; and at about the same time he again had several convulsive seizures, with unconsciousness, the convulsions being chiefly on the left side. The abscess had closed, and, although it was reopened and discharged freely, his symptoms were not relieved, and he died on September 14th.

The post-mortem examination was made forty-eight hours after death, after decomposition had much altered the abdominal and thoracic organs; there were no evidences of syphilis in any of them. In the kidneys were a great many very small calculi (probably uric acid). In the brain, a sinus was found passing from the external opening down through the corpus striatum, a great part of which was destroyed and converted into greenish, fetid, puriform fluid. The brain-tissue, for about a quarter of an inch around the abscess, was much discoloured and of a greenish hue. There was no trace of meningitis anywhere excepting close around the fistula, where the membranes were firmly adherent, but only over a very limited area. There was no inflammation of the lateral ventricle, nor was the thalamus opticus involved.

ROYAL LONDON OPHTHALMIC HOSPITAL.

EXTIRPATION OF THE EYEBALL, TOGETHER WITH REMOVAL OF THE CONJUNCTIVAL SAC.

(Under the care of Mr. J. F. STREATFEILD.)

A YOUNG married woman, near her confinement, who had lost her left eye by inflammation many years before, came to the out-patient department of the hospital on the 18th ult., on account of pain in the damaged eye, and of failing sight and obscuration in the other. The lost eyeball was very soft and quite blind; the pupil was closed by total posterior synechiæ, and the iris bulged forwards. Mr. Streatfeild remarked that this latter condition is one of the most urgent in which iridectomy is called for; but in this particular case nothing short of extirpation of the diseased eyeball would be of any avail. This operation was therefore proposed, and the patient consented on condition that the lids should be closed. She was told that if this were done she would not be able to wear an artificial eye, but she said she did not wish to wear one, as she knew someone who had an artificial eye, and that it was more trouble than it was worth. Under the circumstances, simultaneous removal of the conjunctiva and eyeball was determined on. Mr. Streatfeild observed that since he began to destroy the conjunctival sac in cases of extirpation, where the patients could not, or would not, wear the artificial substitute,* he had never before had a case in which the sac was destroyed at the time of extirpation of the globe.

After administration of bichloride of methylene, which is always given to Mr. Streatfeild's patients, the operation was performed in the following manner:—The lower lid being held down and strongly everted by the forefinger of an assistant, the conjunctiva was cut through close to the free margin of the lid, and dissected off the tarsal cartilage; the conjunctiva was next cut through at the outer and inner canthus. The globe was then drawn well downwards, and the fold of conjunctiva between it and the upper lid was next dissected from the subjacent soft parts, but as the conjunctiva could not be easily separated from the upper lid it was left to be removed by caustics at some future time. In this manner all the conjunctiva, with the exception just named, was dissected up. The extirpation of the globe was now completed in the ordinary manner.

Dec. 5th.—The soft parts of the orbit are granulating and are drawing the lids closely to them.

* See THE LANCET, vol. i., 1872, p. 821.

OPERATION TO RELIEVE LACHRYMATION DUE TO EVERSION AND CLOSURE OF THE PUNCTA LACHRYMALIA.

The patient was a young woman who had been affected with tinea ciliaris in both eyes for many years. Nearly all the eyelashes had disappeared, the lids were everted, and both lower puncta apparently closed. The patient being put under the influence of bichloride of methylene, the edges of the lids were well cleaned, and the left lower canaliculus slit up with a Weber's knife. The right lower punctum could not be made out. It was therefore determined to slit up the upper canaliculus and reach the lower one by passing a curved probe along it from the lachrymal sac in the manner recommended by Mr. Streatfeild in the Royal London Ophthalmic Hospital Reports, vol. iii., p. 4. The thin end of a Bowman's lachrymal style was bent at a right angle, and passed into the sac from the upper canaliculus, and an attempt was then made to pass it along the lower canaliculus, but the thickening of the tissue would not allow of the yielding probe being directed with sufficient certainty and force to accomplish this. A more suitable instrument with a more considerable curve was found in the use (as suggested by Mr. Tweedy, the clinical assistant) of an obsolete strabismus hook, the shape of which closely resembles an ordinary button-hook, with the end prolonged horizontally instead of being sharply curved. The lower canaliculus was easily reached with this instrument, which passed readily outwards through the punctum. The canaliculus was then slit up and kept open by daily probings.

Dec. 5th.—The raw surfaces of the edges of the lids are healed; the canaliculi are patent, and there is no more lachrymation.

LIVERPOOL NORTHERN HOSPITAL.

TWO CASES OF STRANGULATED HERNIA.

(Under the care of Mr. LOWNDES.)

Strangulated Scrotal Hernia relieved without opening the sac.—Robert B——, aged fifty-six, a tall, stout man, was admitted on the afternoon of June 9th, 1872, with a very large scrotal hernia, which came down seven hours before, and which he was unable to reduce. He has had hernia for several years, but has always been able to reduce it himself, and has worn a truss. He had vomiting before admission, none after, but he suffered great pain. At 6.30 P.M. chloroform was given, and as reduction could not be effected, an incision was made over the external ring, and the sac exposed. There was found to be a tight stricture at the ring, which was freely divided; some tight fibrous bands were also found constricting the neck of the sac, which were divided, and on division gaped considerably. The hernia was now easily reduced. The wound was sponged with a solution of carbolic acid, and brought together with numerous stitches of carbolised catgut, and covered with a compress soaked in carbolised oil. An opiate was given. The next day he was quite easy, and had passed wind freely. The wound healed by primary union, and the patient went out perfectly well on June 22nd.

Strangulated Inguinal Hernia complicated with ascites; peritonitis; death.—W. D——, aged forty-two, a labourer, was admitted on the afternoon of the 3rd of November, with an inguinal hernia of moderate size on the right side, which, he said, he was always able to return until two days before admission. He had been ruptured since last July. For about two years he had suffered from ascites, for which he had been twice tapped, the last time about two months ago, when, he said, sixty-three pints were drawn off. Two days ago (Nov. 1st), while he was at work, the hernia came down under his truss, and he was unable to return it. He continued however to work, and kept the truss on. His bowels were moved that evening; but the tumour soon after be-

came very painful, and vomiting began. Pain and occasional vomiting continued until his admission, when he appeared very heavy and confused, and complained of great pain about the tumour and in the abdomen. Pulse about 100, regular; tongue slightly coated; abdomen very tense and painful, especially when touched. Ice was applied to the tumour for about an hour.

At 8 P.M. Mr. Lowndes operated. The usual incision was made, the sac exposed, some slight adhesions about its neck divided, and a very tight stricture at the external ring freely divided; still the contents of the sac could not be reduced. The sac was then opened; the bowel, a loop of small intestine, was in close contact with the anterior wall of the sac, and was of rather red colour, covered with a slight layer of thin lymph, and in the lower part of the sac pretty firmly adherent to its walls. Behind the bowel there was a good deal of straw-coloured fluid. On separating these adhesions, and returning the bowel, a large quantity, above two quarts, of thin, yellowish fluid escaped from the abdomen through the wound. The edges of the wound were touched with carbolic acid, and brought together with silver sutures very closely inserted, and then it was covered with a very thick layer of cotton wool, and a firm bandage applied over the wound and round the whole abdomen. An opiate was given.

Nov. 4th.—9 A.M.: He has slept well, but is now very restless, and slightly delirious. He has taken a little milk. The bandage has had to be slackened. At noon his pulse began to fail, respiration quick and laborious. To have six ounces of brandy, and one grain of opium pill, every four hours. During the afternoon he suffered great pain in the abdomen, and lay on his right side with his knees drawn up. Much fluid escaped from the wound. He gradually sank, and died at 10.20 P.M.

Autopsy, fifteen hours after death.—Heart large and flabby; slight disease of one aortic valve. Left lung large and healthy; right lung firmly adherent to the ribs, small and condensed. The kidneys rather small, and slightly granular. The abdomen contained much sero-purulent fluid; the peritoneum was everywhere much injected, and, together with the surface of the bowels, covered with a thin, evidently recent layer of lymph. The portion of the bowel that had been down did not differ much in appearance from the rest of the intestine, but showed where the adhesions had been broken down, and had less recent lymph on it. The liver was in a state of cirrhosis, rather small and hard. Its surface was covered with a firmly adherent buff-coloured coating of lymph of apparently old standing, and also with a superficial layer of thin recent lymph. The wound made in the operation had pretty firmly united for its upper two-thirds.

Probably in this case peritonitis set in before the operation, and extended and increased afterwards, through the admission of air. Its rapid course, low type, and speedy termination, may be attributed to his diseased and debilitated condition. It seems a case in which the return of the bowel without opening the sac might have afforded a slender chance of temporary recovery, but such return the adhesions made impracticable.

Medical Societies.

MEDICAL SOCIETY OF LONDON.

MONDAY, NOVEMBER 25TH, 1872.

MR. THOMAS BRYANT, PRESIDENT, IN THE CHAIR.

DR. LICHTENBERG showed two men who had been subjected to Rhinoplastic Operation. This operation had been introduced into this country by an English surgeon, but had not found much favour with our principal operators, past or present; yet, although the restoration of a nose, or of part of a nose, was but a poor substitute for the original, the operation was well worth undertaking, in preference to the wearing of an artificial nose, although the symmetry of the latter might be much superior. The first case was operated on for the restoration of a whole nose at the Tottenham Hospital in May last. The flap was taken from the right side of the forehead, exactly one-third larger than the model previously prepared in wax, allowing one inch for the length and three-quarters of an inch for the width of the columna, the bridge being almost an inch wide. It was then adjusted by about twenty fine silk sutures, the parts having been previously pared and well dissected from the underlying tissue, the columna being fastened to the upper lip, in which a deep horizontal incision had been made to receive it. The operation lasted two hours, and was followed by scarcely any constitutional disturbance. The last sutures were removed on the fifth day, perfect union having taken place. Dr. Lichtenberg called attention to the importance of leaving a sufficient portion of skin attached to each ala for turning in, to form a complete nostril. The second case was operated on for the restoration of the right ala, which the patient had lost through lupus, and which had left the neighbouring parts in a very unhealthy state. The operation was followed by a severe "venous stasis" in the flap, which gave way to the repeated application of leeches; the portion of skin which had been turned in at the nostril became partially gangrenous, and was removed without further injury to the nostril. The colour of the nose was much improved by the transplantation of the healthy skin from the forehead.

DR. BROADBENT read a paper entitled

A STUDY OF A CASE OF HEART DISEASE, PROBABLY MALFORMATION.

The patient, a young woman aged thirty-one, who had never had acute rheumatism, or an illness of any kind, came under observation on April 7th last, having been ailing for six or seven weeks, but doing her work up to the day before her admission into hospital. She was well nourished, had a good colour and facial expression; her respiration was tranquil, but she felt faint on standing, and the pulse at the wrist ranged between 120 and 130, was irregular in force and frequency, excessively small and feeble, and sometimes imperceptible. On examining the heart, the apex-beat was a little displaced outwards, the area of dulness slightly larger than normal, and extending for an inch or an inch and a half to the right of the lower sternum. The impulse was short, sharp, and like a tap; the first sound loud and sharp, resembling an exaggerated second sound. At and near the apex the sharp first sound was alone audible. The second sound became audible as the base of the heart was approached, and had a muffled character, and it could be heard in the heart. In the third left interspace, close to the sternum, was heard a short, smooth diastolic murmur, but only over a very limited spot covered by the stethoscope. It was at first not easy to decide whether the heart affection was old or recent, but the subsequent progress left no doubt that it was old. Later, the apex-beat disappeared from the situation in which it was first felt, and the area of dulness diminished, while a vibratory impulse was perceptible in the top third interspace outwards, one inch and a half from the edge of the sternum, and more feebly below the upper sternum; a presystolic murmur ran up to the still short sharp sound within the apex. The second sound was strikingly reduplicated at the base; the diastolic murmur already mentioned was heard at the left edge of the sternum. So far as the sound went, the case resembled very much constriction of the mitral orifice, but the diastolic murmur was difficult to explain, as it was heard over too small a spot to be due to regurgitation, a supposition which was, moreover, contradicted by the reduplication of the second sound. The patient took first iron and quinine, to which in a few days was added infusion of digitalis. There was marked improvement in the general condition, and in the physical signs until April 19th. Ten days after admission she had congestion of both lungs, with elevated temperature and distress in breathing; the heart became greatly distended during the attack, and not only dulness, but impulse, was found to the right of the lower sternum, showing that the dilatation was chiefly of the right carotid. The sounds became audible over the entire chest, front and back. A systolic aortic murmur was also developed by the powerful action of the heart, and was not subsequently lost; the presystolic rumble at the inner side of the apex became for a short time a murmur, and the vibration an indistinct thrill; the diastolic murmur was at one time inaudible, but it again reappeared, varying in length and intensity. With the evidence of aortic obstruction afforded by systolic aortic murmur, the extremely feeble pulse became more comprehensible, and if the murmurs alone had been taken into

account, they might have been explained by mitral narrowing and aortic obstruction and incompetence. The state of walls and cavities was not, however, such as would have been induced by these valvular affections, and, as has been previously stated, there were grave objections to the supposition of regurgitation from the aorta. The pulmonary congestion was one of short duration, and the patient gradually improved, the physical signs varying somewhat. When she began to walk about, an altogether new murmur appeared, systolic in time, audible about the fourth left interspace near the edge of the sternum and over the lower end of this bone—that is, below the spot where the diastolic murmur had been heard so long. Taken alone, this might have been attributed to tricuspid regurgitation. It seemed, however, to Dr. Broadbent, that no combination of valvular affections would satisfactorily account for the whole of the facts of this case; while a congenital malformation, which has been occasionally found without cyanosis, and has permitted of survival to adult age, might explain more or less perfectly all the phenomena. This malformation consists in narrowing of the aorta, together with a perforate or incomplete interventricular septum, leaving a communication between the two ventricles, the aperture being always near the base of the heart. On this hypothesis the explanation would be as follows. In the early part of the ventricular diastole, when both ventricles, in rebounding from the systole, suck in blood from the auricles, the left, having thicker walls and being the more powerful, might be expected to draw in blood from the right, through the aperture in the septum, as well as from the left auricle, which would give rise to the diastolic murmur heard over a limited spot in the left third space; this would be variable in length and intensity from the varying negative pressure on the heart in respiration. While the patient lay quiet in bed, and no pulmonary complication existed, this was the only murmur heard; but when the heart's action became more excited and powerful in consequence of pulmonary congestion, a systolic murmur was developed in the narrowed aortic orifice, and later, when she began to assume the erect posture, which would increase the resistance in the systemic circulation without affecting the pulmonary circulation, the increased energy of the left ventricle forced a part of its contents through the orifice in the septum, producing the systolic murmur heard to the left of the lower end of the sternum. All the murmurs would thus be accounted for, together with their variations, the reduplication of the second sound, which was so striking a feature in the case, the want of synchronism in the closure of the pulmonary and aortic semilunar valves, would be explained by the delay experienced by the left ventricle in expelling its contents through the narrowed aorta. The presystolic vibration sometimes felt by the hand, and the presystolic rumble sometimes audible to the inner side of the apex, were probably incident to the dilatation of the right ventricle. The patient having so far recovered as to be able to return to her work, no opportunity was yet afforded of verifying or correcting the diagnosis; but it is not without profit to study complex and difficult cases independently of such opportunity.

At the conclusion of his paper, a vote of thanks was unanimously accorded to the author.

Dr. SYMES THOMPSON considered that it conveyed a moral to all, and afforded means for conclusion to all. The symptoms were clearly due to disturbed circulation, but he was unable to make any suggestion as to its causes, the case being one of so uncommon a character. He would call attention to reduplication of heart-sound, which was prone to great changes from time to time. Dr. Alison had shown that when any lung trouble arose there was delay in closure of valves. Help was sometimes gained by the cardiograph in cases of reduplication, but it was difficult to get two quite similar tracings, even in apparently identical conditions. The diagnosis of patulous septum was always difficult. Small openings could not, he thought, give rise to morbid sounds.

Dr. ROUTH thought Dr. Broadbent had overlooked engorgement of the heart as influencing the morbid sounds, and related a case which he thought explained some of the symptoms.

Dr. BROADBENT, in reply, said that there were many specimens in London museums showing existence of perforate septum ventriculorum to be compatible with prolongation of life to old age. Dr. Peacock had shown this. He thought the subject of reduplication was one of great interest, and that it was not surrounded by the difficulties commonly supposed. It had been admirably dwelt upon by Dr. Milner Fothergill, in whose valuable paper he was much interested. He did not see how engorgement of parenchyma could well influence sounds.

CLINICAL SOCIETY OF LONDON.

FRIDAY, NOV. 22ND, 1872.

MR. COOPER FORSTER, VICE-PRESIDENT, IN THE CHAIR.

Dr. SCHLIEP communicated a paper

ON THE STOMACH-PUMP IN THE TREATMENT OF CHRONIC GASTRIC CATARRH AND DILATATION.

In many cases the results of the application of the stomach-pump had been eminently satisfactory, and appeared in general in the following order:—Vomiting ceased, pains disappeared, appetite and action of the bowels soon became better, the general health was improved, and the patient's weight was increased. In some cases it was found desirable to wash out the stomach with solutions of various medicines; and he tried soda, creasote, boracic acid, and permanganate of potash with good effect. The patients soon became accustomed to the introduction of the pipe; and, after several applications, the unpleasantness of the operation disappeared entirely. The fear of sucking some mucous membrane into the opening of the tube was almost without foundation, and such an event might be avoided by care and by inserting an india-rubber tube between the pipe and the pump, which would close as soon as any impediment opposed the flow of liquid to the pipe. It happened once to Dr. Schliep, in about six hundred applications of the pump, to bring up a small piece of the membrane, when the patient himself pulled out the tube somewhat suddenly after the finishing of the operation; but no bad consequences followed. Considering the advantages of the stomach-pump in the cases alluded to, Dr. Schliep believes that this method of treatment will take an important place in the therapeutical agents in stomach diseases.

Dr. CHOLMELEY doubted whether the treatment described was applicable in many cases, and thought the plan heroic, if not barbarous. In some cases of dilatation of the stomach the operation might be useful, but the fact that in one case reported the mucous coat had been injured, and in several others bleeding had occurred, showed that great caution was required in the use of the instrument, and that it should not be used indiscriminately.

Dr. HILTON FAGGE thought such cases were more common than was generally supposed, and spoke of the value of actual examination of the abdominal walls when the patient was in the horizontal position as a means of diagnosis, inasmuch as the peristaltic movements could be readily seen. He also related one or two instances of dilatation of the stomach, in which treatment by the pump had evidently benefited the patient.

Dr. SCHLIEP, in reply, adhered to his opinion as to the utility of the operation, and remarked, in answer to Dr. Cholmeley, that he had operated 600 times, not on 600 patients, and hinted that the general use of the stomach-pump in many diseases might assist our knowledge as to the kind of food best digested in particular cases.

Mr. NUNN read a paper

ON TWO CASES OF CANCER OF THE LEFT BREAST.

One case was of eight years', the other of twelve months', duration. The first was that of Ann F——, spinster, aged forty-four. The patient came under Mr. Nunn's care as out-patient in 1868, two years after removal of a cancer from the left breast by Mr. Henry Smith, at King's College Hospital. In 1870 she was admitted in-patient at the Middlesex Hospital. Soon after her admission, the recurrent cancer sloughed out; and the sore healed, and remained healed until her death in August, 1872, from cancer of the liver; the lungs, spleen, and kidneys being normal; while secondary deposit was found on the inner and outer aspects of the ribs of the right side, and also in the manubrium sterni. The second case was that of Mrs. R——, who was brought to Mr. Nunn by Dr. Saunders, of South Molton-street. The patient was the mother of five children, and was only twenty-seven years of age. At the sixth month of

her last pregnancy she had discovered a small lump in the left breast. Two months after her confinement she came under Mr. Nunn's observation. The tumour was at that time undefined. After two months the patient suffered from ptosis of the left eye, and ultimately from paralysis of the third nerve generally. She became extremely fat, and died paralysed in her lower extremities, frequently having suffered from severe neuralgic pains in the upper cervical and dorsal regions. Towards the end of her life the temperature in the axilla was 104°, the cancer of the breast having become of stony hardness. Mr. Nunn remarked upon the uncertainty of surgical practice in respect of cancer, which, he said, must remain uncertain so long as our knowledge of the disease was incomplete. The variety of forms in which cancer presented itself was in some measure due to the modification of the disease by the peculiarity of the structure in which it was found, and by the situation and surroundings of the selected structure. In the first case, the cancer occurred in an unmarried undersized woman, whose frame was undergoing involution; in the second case, the disease appeared in a woman in full reproductive activity. Assuming cancer to be a local disease, we were still unable to say what rendered the cancer-germs stationary, living their life and undergoing retrograde changes without travelling to distant parts and there proliferating; and we were unable to tell what constituted the difference between cancer-germs content with a local career, and those of a propagandist order, or what conditions provided each of these opposite degrees of activity. Was non-contamination due to resistance of the parts or tissues exposed to contamination, or to some local change in the cancer destroying its power of contaminating? What share had inflammatory action, by softening the tissues and stimulating proliferation, in promoting diffusion? Assuming, on the other hand, that cancer was a blood-disease, how could one justify the removal of a cancer by operation? A clinical study of cancer showed that, if the surgeon did not step in with knife or with caustic, the disease itself, by inducing gangrene or ulceration, produced a wound that very rarely healed; and that, therefore, the surgeon did in a clear and effectual manner, *pro tempore*, what sooner or later the disease would more painfully and ineffectually attempt. Mr. Nunn asserted that he had seen no instance in which diffusion of cancer was really accelerated by operation.

Dr. C. THEODORE WILLIAMS thought it noteworthy that in one of these cases the administration of cod-liver oil was followed by a great deposit of fat.

Mr. NUNN said that he considered the "fat" due to dyscrasia, and not to the oil, although the latter was administered and taken for about two months.

Mr. HULKE read an account of a case of Œsophageal Spasm in a child.

The CHAIRMAN asked if any dilatations of, or pouches in, the œsophagus were diagnosed, and quoted a case in which two well-marked dilatations were found.

Mr. HULKE said that nothing of this sort was discovered, and that the history of the case militated against such an hypothesis.

As the usual hour of adjournment was close at hand, the reading of Dr. Theodore Williams's paper "On the treatment of Pyrexia in Phthisis by Cool Baths," was deferred until the next meeting.

Reviews and Notices of Books.

The Expression of the Emotions in Man and Animals. By CHARLES DARWIN, M.A., F.R.S. With Photographic and other Illustrations. pp. 374. London: Murray. 1872.

[SECOND NOTICE.]

THE second portion of Mr. Darwin's book, including Chapters VI. to XIV., which are chiefly devoted to the expression of the emotions in man, will probably be most eagerly read, and prove most interesting to the greater number of readers; and these chapters are, indeed, full of the results of close and long-continued observation. Mr. Darwin first considers the expression of suffering, and gives a plate representing six children crying, taken by the instantaneous photographic process. In adults, he says, the signs of severe pain are screams or groans, with writhing of the whole body and grinding of the teeth. To these succeed sweating, pallor, trembling, and faintness. Children who often cry from slight causes, scream, and whilst screaming their eyes are firmly closed, so that the skin round them is wrinkled, and the forehead contracted into a frown. These last actions, which are accomplished by the corrugators orbicularis palpebrarum and pyramidalis, Mr. Darwin thinks are protective, preventing the eyes from becoming too much gorged with blood. In addition, the levator and depressor anguli oris, with the common and special elevators of the lip, contract and open the mouth widely, apparently for the purpose of allowing the full volume of sound to issue. The evidence that the use of the orbicular muscles is to protect the eyes from being over-gorged with blood adduced by Mr. Darwin is, that these muscles are always brought into play when violent expiratory movements are made, as in shouting and laughing, but not when other muscles, as those of the limbs, are actively contracted. The contraction of the orbiculars during screaming is therefore a distinctly serviceable associated habit, and comes under Mr. Darwin's first principle. In after-life the habitual repression of the expression of the emotions, in the educated classes at least, causes the full action of the several muscles to be rarely witnessed; but most people must have experienced the remains of these associated actions in slight quivering of the lips, or contraction of the depressor anguli oris, in reading an affecting passage in a good writer aloud.

Then follows a very interesting discussion on weeping; the association of which with grief or mental depression is made out by the following ingenious train of reasoning:—

"Children when wanting food, or suffering in any way, cry out loudly, like the young of most other animals; partly as a call to their parents for aid, and partly from any great exertion serving as a relief. Prolonged screaming inevitably leads to the gorging of the blood-vessels of the eye; and this will have led, at first consciously and at last habitually, to the contraction of the muscles round the eyes in order to protect them. At the same time the spasmodic pressure on the surface of the eye, and the distension of the vessels within the eye, without necessarily entailing any conscious sensation, will have affected, through reflex action, the lachrymal glands. Finally, through the three principles of nerve-force readily passing along accustomed channels—of association, which is so widely extended in its powers—and of certain actions being more under the control of the will than others,—it has come to pass that suffering readily causes the secretion of tears, without being necessarily accompanied by any other action."

The absence of tears in infants up to the age of three or four months during a fit of crying is very remarkable, considering the facility with which they are poured forth in adults. We have, however, known one case where they rolled freely down the cheeks in a rather delicate child under a month old. It has been ascertained that some animals, as the Indian elephant, weep.

The subjects of the facial expression in laughter and joy, and whilst under the influence of the tender feelings, devotion and love—in meditation and ill temper, in anger and defiance, in astonishment and fear, as well as the phenomenon of blushing, are all considered at great length. The vertical nod of affirmation or approval, and the lateral movement of the head to express dissent, which are common, though—as it appears from Mr. Darwin's extensive inquiries—not universal, signs, he traces to the movements of a child at the breast, corroborating his view by evidence derived from Laura Bridgeman, the blind deaf-mute, and from idiots. The snarl or sneer of defiance, pretty similar when expressed, though not very common, throughout the human race, in which the head is raised, the eye looks

obliquely outwards and downwards, and the canine tooth of one side is exposed, is very remarkable as an expression of an emotion in man, since it does not occur in the monkeys, and Mr. Darwin thinks it shows that our anthropomorphous ancestors had large canines.

Perhaps one of the most interesting chapters is that on blushing, the limitation of which to the upper part of the body is cleverly explained. Mr. Darwin maintains that the fundamental element in the acquirement of the habit has been the direction of the attention to the personal appearance, and not to moral conduct. In support of this view, he observes that the slightest reference to the personal appearance, and even to the dress, of a shy person will make him blush; and this is particularly noticeable when the observation has been made by one of the opposite sex. Now, of all parts of the body the face is most regarded, from its being the chief seat of expression and the source of the voice. It is also the chief seat of beauty and of ugliness, and throughout the world is most ornamented. The face, therefore, during many generations has been subjected to much closer and more earnest self-attention than any other part of the body. But when attention is closely directed to any part of the body, there is, he thinks, a tendency to alterations of the ordinary and tonic contractions of the small arteries of that part. These vessels in consequence become at such times more or less relaxed, and are instantly filled with arterial blood; and this effect will be increased if frequent attention has been paid by many generations to the same part, owing to nerve force readily flowing along accustomed channels, and by the power of inheritance. Through the force of association the same effect will tend to follow whenever we think that others are considering or censuring our actions or character. Mr. Darwin then proceeds to give evidence derived from Sir Henry Holland, Sir Benjamin Brodie, Sir James Paget, and others, showing that the mind can influence the vaso-motor system. The association of this curious paralysis of the sympathetic with temporary confusion of the mind, though it must be familiar to all when once alluded to, has never before, we think, been noticed.

Altogether Mr. Darwin's last work does not yield in interest to any that have preceded it, and from its more general interest will perhaps command, as it certainly deserves, a still wider circle of readers.

The Heart and its Diseases, with their Treatment. By J. MILNER FOTHERGILL, M.D., M.R.C.P. London: H. K. Lewis. 1872.

IF the writing of a new book on diseases of the heart were a justifiable course, few men were better entitled to be the author than Dr. Fothergill. For seven or eight years at least he has been studying this branch of medicine: not in the spirit of a mere pathologist, but in that of a physiologist and physician. Very much has been done of late years, both at home and on the continent, to elucidate heart disease and all its bearings and relations. The progress of physiology, as well as that of pathology, has had this effect. The mechanical and vital problems of the circulation are better understood than they were a few years ago, and the diagnosis and therapeutics of heart disease have correspondingly improved. Dr. Fothergill has not only kept himself *en rapport* with the work of other labourers, but he has himself, as our readers well know, worked in special and practical grooves of this subject. He is therefore entitled to add a new book to the goodly number of treatises which already exist. If we mistake not, the volume will be found a great help to practitioners, and a fair if not a faultless exposition of the present state of knowledge.

We shall briefly state the general plan of the book, and then indicate some points worthy of more special notice. The first and second chapters are devoted to an anatomical account of the heart, its mode of acting and resting, its innervation, its position, and the mode of examining it by percussion, palpation, auscultation, &c. Chapter III. treats of the objective symptoms of disease—palpitation, irregularity, intermittency, and of their value for purposes of diagnosis and prognosis. The contents of this chapter have, in the main, appeared in our columns. In the fourth chapter are discussed the subjective symptoms of heart disease. The fifth, sixth, seventh, eighth, ninth, and eleventh chapters treat of the principal lesions of the heart, including hypertrophy, dilatation, endocardial and pericardial affections, and the various diseases of the muscular and connective tissue. Chapter X. is devoted exclusively to the general treatment of heart disease. Chapter XII. refers to nervous disorders of the heart, angina, nervous palpitation, irritable heart, &c. In the next chapter the great question of the relation of heart and kidney disease is considered. The fourteenth chapter treats of diseases of the great vessels near the heart—atheroma and aneurism; Chapter XV. of malformations of the heart. The sixteenth is a concluding chapter on various points in diagnosis and prognosis not definitely discussed in previous chapters.

It is difficult to go over such a large field as is represented in this outline without repetition, and without some tendency to theorise, and both of these faults are apparent from time to time. The greatest defect of the book is the want of literary care with which it is written, leading not only to frequent blemishes of style, but occasionally to considerable confusion as to the author's meaning. The printer has been more careless still in doing his work. These faults are so obvious that we need not spend time in specifying them, but they should be carefully rectified in future editions.

The subjects of hypertrophy and dilatation, and the way in which they are combined in different cases, are discussed in detail. The real significance of hypertrophy as a conservative change, meant to compensate for some obstruction to the circulation or some other mechanical disadvantage of the heart, is never lost sight of, and will go far to remove the last vestiges of the notion that hypertrophy is a condition to be opposed and removed. In the chapter on the relation of kidney disease and hypertrophy of the left ventricle, the views of Dr. George Johnson are in the main adopted; according to which the left ventricle becomes enlarged as a consequence of thickening of the muscular wall of the arterioles caused by the abnormal quality of the blood in kidney disease.

A characteristic feature in Dr. Fothergill's view of the causes of heart and arterial disease is the importance attached to *strain*. We have been hitherto too much in the habit of attributing all these changes to certain undefinable tendencies to degeneration, to certain diatheses, especially the gouty, to alcohol, and the like. And no doubt these are very important factors. But over and above these is the influence of strain; and, if the author is right, this has much to do in the production of atheroma, of aortic regurgitation, and of hypertrophy of the walls of the heart. There will be little disposition to dispute the influence of strain in the causation of disease in the aortic valves, or of thickening of the left ventricle, especially in the light of the evidence adduced by Dr. Clifford Allbutt and other physicians; but it will not be so readily credited that atheroma of vessels is so produced. But the more the favourite situation of atheromatous spots—at points of most tension—is studied, the more considerable will the influence of strain appear. Strain has this further and great importance, that

it may be controlled. The work or the habits that involve it can be relinquished.

The chapter on treatment is one which may be read by practitioners with advantage. The value of medicines is well stated, including the right use of digitalis in heart disease, which is a new lesson to be learned in therapeutics. Dr. Fothergill's remarks on rest, on proper blood nutrition in heart disease, on the treatment of the sequelæ of it, and on the actions of special medicines, all indicate that, in studying the pathology of heart disease, he has earnestly kept in view the best means of mitigating suffering and inconvenience, and of prolonging life.

SURGICAL INSTRUMENTS AT THE COLLEGE OF SURGEONS.

No. III.

THE old operation of trepanning, and the more modern one of trephining, are sufficiently illustrated. A set of "ancient trephining instruments," presented by Sir W. Lawrence, shows the ordinary form in use during the last century, and contains solid trephines, the pin of which could be removed with the key fitted for the purpose; the old-fashioned raspatory and lenticular, and the tripod elevator. Several examples of the old trepanning drill-stocks, both straight and conical, are to be seen, and it is curious that the Americans should have quite recently returned to the conical, in preference to the straight-edged, instrument, for their operations. A trephine with side-levers to press in portions of the ring so as to seize and bring away the piece of bone cut out, is an example of misplaced ingenuity; and we are not aware that the trephines with movable guards, to obviate danger to the dura mater, have ever been much employed. One great improvement in modern trephines is the making of openings to relieve the teeth of the dust, and this is shown and claimed for Weiss. Several elevators, lenticulars, and Hey's saws are shown, besides those in the cases.

It would be curious to learn how many surgeons or instrument-makers know what "Hoffman's forceps" are. Eight pairs of them are here shown, and they appear to have been designed for the purpose of "nibbling off" small portions of bone of various shapes. Each instrument is different in form, and the whole series resemble more closely instruments for embossing leather than surgical appliances. A circular saw, six inches in diameter, and worked by a coiled spring, is fortunately not frequently required in surgery, but there are no fewer than three specimens of the kind, each more complicated than its predecessor. Heverman's bleeding-fleam, with a spring to make the blade protrude, is also happily a thing of the past, and may be contrasted with a more ancient bleeding instrument used by the Maltese and shaped like a cross-bow.

Various instruments with a rack movement, for tightening the ligature on a nævus, are preserved, as are also several variously-shaped aneurism-needles. Cupping-glasses, with an exhausting syringe attached, are also shown, and an apparatus for the transfusion of blood. Some ancient and modern bullet-extractors complete the collection of instruments proper.

In a separate case is a very meagre collection of splints, both iron and wooden, of no special interest; and here also is a model of Mr. Luke's fracture-bed, in which the frame on which the patient lies is raised by levers, much after the manner of Hooper's bed, but applied at the head instead of the sides. Outside the room, in the passage, is an old chair intended for the reduction of dislocation, and resembling the "Ambi" of Hippocrates, contrived by Dr. Robertson, of Kelso. This was presented by Sir William Fergusson, who has also given a series of illustrations of the methods of reducing dislocations, which adorn the walls of the museum.

From the list we have given it will be sufficiently evident that the collection of instruments is far from complete, and that there is plenty of room for additions. It does not follow that the Council or the Museum Committee is bound to accept every old or new instrument which may be offered them, but with a little care in selection, and with the co-operation of their numerous fellows and members, they can have no difficulty in bringing together a collection which will be worthy of the building in which it is placed.

Foreign Gleanings.

PHYSIOLOGICAL RESEARCHES ON A NEW POISON: PAHONIM.

AT one of the recent meetings of the Société de Biologie, MM. Carville and Polaillon made known the results of various researches which they had been carrying on with the seed of the poison of pahonim, from Gabon. The chief conclusions arrived at are the following:—The pahonim poison is extremely violent; one-tenth of a grain of the alcoholic extract is enough to kill a large dog; it produces death by stopping the heart's action; it first abolishes the contractility of the muscular fibres of the heart, then that of other muscles; when put in the pericardium, it arrests the heart more rapidly than when injected in equal quantities; it does not abolish excitability of nerves; it brings on death without seeming to act on the great sympathetic, the encephalon, the spinal cord, or the pneumogastric; there is no antagonism between this poison and woorari; it acts less rapidly through gastric absorption than through cutaneous absorption; it acts more rapidly than digitaline and antiarine, but the final effects are slower in supervening; it stops the heart of the snail, and kills it, which digitaline does not; it produces vomiting in the higher animals.

ARSENICAL INTOXICATION THROUGH EXTERNAL ABSORPTION.

This case has been under treatment in Dr. Isambert's wards at St. Antoine, and is recorded by him in the Paris *L'Union Médicale*. The patient had been handling cakes of Schweinfurt's green, and reducing them to powder. Four days after, an eruption broke out on the face and scrotum; in this latter situation the eruption was followed by an eschar. Two months later, intense pain (nocturnal especially) supervened along the limbs and in the joints. At the same time disorders of motility and sensibility appeared in the limbs, particularly the lower ones, which now present veritable paralysis. Dr. Isambert states that these symptoms are due to the local penetrating action of arsenic, symptoms due to its exit or elimination being especially marked on the mucous membrane. In these cases of poisoning through external absorption, symptoms of internal poisoning are exceedingly rare.

RADICAL CURE OF FISTULA ANI WITHOUT THE USE OF THE KNIFE.

This proceeding, advocated by Dr. Hute, of America, consists in the use of an injection of a solution of iodine in ether. The ethereal tincture is more exciting than the alcoholic tincture, and the ether, evaporating rapidly, leaves the walls of the fistula in contact with the pure iodine. There is scarcely any reaction, and the patient need not stay in bed.

PURULENT OPHTHALMIA TREATED BY ALCOHOL.

M. Lannelongue, of the Hôpital la Charité, advocates the use of alcohol (one-third of alcohol to two-thirds of water) for the treatment of purulent ophthalmia. The injections act both by their direct effect and as a wash, and have been highly successful in his hands. The proportion of alcohol may be increased or diminished, according to cases. —*France Médicale*, Dec. 7th, 1872.

NEW MODE OF DILATING THE URETHRA IN CASES OF STRICTURE.

M. Coze, in the *Gazette Hebdomadaire*, No. 32, 1872, recommends a mode of treatment for strictures that might in some cases possibly be adopted with advantage. It consists in the application of hydraulic pressure by means of a funnel raised to some distance from the floor, and connected with the urethra by means of an india-rubber tube. No pain is given, it can be maintained for a considerable period, can be stopped in a moment, and, according to M. Coze, a sound can be passed immediately after with great ease.

THE LANCET.

LONDON: SATURDAY, DECEMBER 14, 1872.

THE profession is under deep obligations to Dr. DICKINSON for his recent attempt to trace, somewhat more fully and accurately than had been previously possible, the morbid effects of alcoholic excess; and we feel the more bound to make this public acknowledgment, since an attempt has been made in certain quarters to get rid of the unwelcome facts which they appeared to establish.

It is not our intention on the present occasion to enter into the very large subject of alcoholic morbid changes in general; we shall limit our attention to the remarkable proposition advanced some little time since by Dr. DICKINSON, and now reaffirmed on the basis of his recent post-mortem inquiries—that drinking habits are not, on the whole, by any means powerful contributors to the general mortality from kidney disease. We need not say that the common tradition in the profession is quite the reverse of this; and that the average practitioner, if called upon to state the principal sources of kidney diseases among adults, would unhesitatingly name drink in the very first line, even if he did not place it before every other cause.

Dr. DICKINSON, and those who think with him, are thus placed in diametric opposition to a wide-spread medical belief, and one, moreover, which is highly important in its consequences. It might be little matter whether the general notion about the distinctive action of alcohol upon the kidney were true or not, if its only result were to exaggerate the horror of drunkenness which the profession so justly feels. Everyone who considers the matter carefully, however, must see that far wider issues are concerned. If we are not to view in alcoholic excess a principal source of the most prevalent kidney diseases of adults, it is evident that we must attribute a new and unsuspected morbid power to certain other influences, which have attracted little or no attention, as possible causes of these degenerative diseases.

We shall religiously abstain from attempting to prejudge this question, which will have to be patiently worked out, on the large scale, by numerous observers. But, considering the contempt with which some persons have treated the new doctrine, it is quite necessary, in order to fair play, that we should point out certain fallacies of assumption which undoubtedly help to strengthen the hold which the ordinary opinion has on the profession, and which must be set aside before the subject can be approached with any chance of coming to a reasonable conclusion.

There is, in the first place, the special belief—which is held by Dr. GEORGE JOHNSON, and which he has persuaded a large number of English medical men to acquiesce in—that kidney diseases of all sorts and kinds take their starting-point from the epithelial lining of the uriniferous tubes. We have not the least wish to be disrespectful to Dr. JOHNSON, but we must say that even his twenty-five years' elaborate work at renal pathology cannot get rid of the fact that among pathologists of any rank he stands alone in this belief. We do not say that he may not possibly be right; but at least we decline altogether to admit that his views of the generally tubal origin of renal disease represent the general opinion of pathologists.

Secondly, there is the tacit assumption lingering in many minds that the kidneys are a great channel for the elimination of alcohol, and that in drunkards the excreting epithelial cells are habitually overtaxed in this work of elimination. This is now known to be entirely untrue; even those (e. g., SUBBOTIN) who still hold that a considerable quantity of alcohol is eliminated by other channels admit that only a very small quantity passes off by the kidneys.

The third fallacious assumption that is continually made is, that an ample series of direct clinical observations have established the fact of a connexion between alcoholic excess and kidney disease. Now, the truth is that nothing approaching the character of such proof exists. We can certainly take it upon ourselves to affirm that nowhere in the medical literature of Europe can there be found any tabulated analysis of actual renal cases and their various possible causes which can for a moment be said to afford scientific proof of especial dependence on drink. This much, of course, would be instantly admitted by everyone—that the same classes of persons, among the poor and wretched, who suffer especially from kidney diseases, are also much given to drink; and, consequently, drunken habits not unfrequently appear in the history of a patient with renal disease. But, we repeat it, strange as the fact may seem, it has not yet been proved, by any evidence worthy the name, that there is a decided tendency of alcohol excess to produce kidney disease. The whole subject requires to be looked into in a thoroughly judicial spirit; and it is not by mere loud and confident assertions that the question will be settled.

THE Poor-law medical officers may well pray to be delivered from their friends in respect to the appointment of medical officers of health. With their enemies there can be little difficulty in dealing. They are incompetent, assert the latter, with true Laputan logic, to perform the duties which attach to a health-officership from the lack of previous special training for the post—such previous training, as is well known, being at present unattainable. This might be an excellent argument as against the profession at large (if an assertion which involves an absurd contradiction could be held to be an argument); for, stripped of its veneer of plausibility, it means that, as medical men go in this country, they are not, as a rule, competent for the post of a medical officer of health. Such a preposterous position would be ridiculous if it were not mischievous. The issue raised is false in fact and false in regard to the practical bearing of the subject to which it relates; for the duties officially assigned to a medical officer of health presuppose a sufficient medical education, and what that sufficiency is the law has declared.

With their professed friends the Poor-law medical officers have a more difficult battle to fight. These have insidiously

attacked them by raising vague doubts of the propriety of their accepting the appointment of medical officer of health. They have represented the duties of this appointment as necessarily bringing the Poor-law medical officer into constant collision with the people among whom and from whom he has to earn his bread. "Have a care," say they, "how you undertake such duties, lest in the performance of them you risk the income you derive from practice." Now all this means little else than that the appointment of the Poor-law medical officers as medical officers of health in rural districts would militate against certain *doctrinaire* views which exist as to the dissociation of medical officers of health from practice, and their appointment for areas sufficiently extensive to give promise of a salary which would admit of such dissociation. These views, which, if we are to judge from Mr. HENLEY'S doings in Oxfordshire and Warwickshire, have been to some extent accepted by the Local Government Board, include, however, the appointment of the Poor-law medical officer as an assistant health officer. If we turn to the statement of the duties of a medical officer of health as set forth in the Orders of the Local Government Board, we fail to obtain an insight as to the possible distribution of these duties between the superior medical officer of health and his assistants. The Orders do not provide for superior and inferior officers of health, but for officers of health pure and simple; neither do they include several of the more important duties which are commonly presumed to be proper to a superior and more highly trained officer. No doubt it will be quite practicable to make a plausible distribution; but, whatever this distribution may be, the fact will remain, that, unless the assistant officer is prepared and required to carry out in his district the greater number of the different duties assigned to him in the Orders of the Local Government Board, the arrangement will be a delusion and a snare. That intimate health-supervision of a district which is the essence of a health officer's duties must be performed by the officer working within the least area, if it is to be performed at all. The proposed arrangement, in reality, would come pretty much to this, that the Poor-law medical officer would do the essential work of health-officership at a minimum of cost to the community and of credit to himself. Whether he is prepared to accept this position is for himself to decide. That it would relieve him from or diminish the risks of collision with his neighbours is by no means clear; this is rather a question of individual tact and discretion than a necessity of the duties to be performed.

No doubt it would be desirable, if practicable, that all medical officers of health should be debarred from private practice. But we must for the present take things as they are, and not as we would have them be; and this point of the inadvisability of private practice, if insisted upon too much, gives rise to the question whether in rural districts it would not be obtained at the cost of graver matters. Is it so certain that a rural medical officer of health should cease the private practice of his profession? In spite of all that has been said to the contrary, we believe not. We hold that the maintenance of a practical acquaintance with sickness is almost necessary to an efficient discharge of a health-officer's duties. In urban districts this may be secured in public institutions; in rural districts it is to be obtained only by private practice. There should be no difficulty in subjecting the work of a medical officer of health engaged in a private practice to such checks that his public duties are not sacrificed to his private duties.

We would remind Poor-law medical officers that the Royal Sanitary Commission has stated that "the fitness of the Poor-law medical officers for larger sanitary works than they now discharge cannot be doubted. They are all fully qualified medical practitioners, intimately acquainted with the poorer classes, among whom are the most frequent needs of employing sanitary skill, and the best opportunities for sanitary studies. They are (speaking generally) sensible, humane, and well-informed men; they are constantly engaged in the cure of diseases, and, through their intimate knowledge of their several districts, have the best opportunities of tracing the sources of disease." The Commission further expressed the opinion that, in rural districts, the Poor-law medical officer should, as a rule, be appointed medical officer of health for his district.

IT is really time for the heads of the Pharmaceutical Society, or for the persons, whomsoever they may be, who are the leaders of opinion among dispensing chemists, to take into serious account the scandal that is falling upon their craft by the dishonest custom known as "counter practice." At a time when the progress of medical science is giving us a more complete insight into morbid processes, and a more complete knowledge of the initial phases of disease than we have ever before possessed, it is simply monstrous that a druggist's counter should be a daily medium of communication between those who take, and those who administer, doses of medicine of the uses of which they are alike ignorant, for symptoms which neither of them are in the smallest degree capable of interpreting. The vocation of a druggist, useful and laudable though it be, is not calculated to give him even a glimmering of knowledge about pathology or therapeutics; and the smell of rhubarb stands in no conceivable relation to an acquaintance with its uses in the economy of man. So manifest is this that it is even curious why the druggist, rather than the carpenter or the blacksmith, should be selected as the first medical adviser of large classes of the community; and it is little creditable to otherwise respectable tradesmen that they should be ready to assume responsibilities for which they have undergone no possible kind of preparation. We believe, indeed, that the great majority of druggists are so absolutely ignorant of everything relating to medicine that they do not even know the mischief they may do; and that the recklessness with which they sell potent drugs, as well as the equal recklessness with which they give "advice" in the early stages of grave maladies, are alike in being the offspring as well as the proofs of their utter unfitness for the functions they assume. Quite lately, however, the results of "counter practice" have been deadly in a sufficient number of instances to sound a note of alarm. We recorded last week a case of fatal poisoning by chloral, administered by a druggist; and several other cases of a similar kind have occurred. The root of the evil is probably traceable to the refusal of the

College of Physicians, prior to 1815, to undertake the education and control of the general practitioner, which thus lapsed into the hands of the Apothecaries' Company, and were so conducted that the popular conception of an authorised doctor became blended with the conception of a "shop." The evil spread from this point in two different directions: first, in leading medical practitioners to assume the functions of druggists, to dispense medicines, and to keep at all events some semblance of shops; secondly, in leading druggists, on the foundation of their shops alone, to assume as much of the functions of medical practitioners as the imperfections of the law would permit. The tendency both of law and of public opinion in England has always been to protect individual liberty at the expense of the public good; and thus the traffic of the druggist in poisons, and his neglect of the beginnings of grave maladies, have remained until now unchecked. But the progress of time seems to be bringing greater wisdom in its train; and there are not wanting indications that, in many sanitary and other matters, the freedom of the individual to do wrong will be more and more curtailed for the benefit of the community. The time must soon come for improved legislation upon many medical subjects; and then, we hope, this matter of "counter practice" will receive the careful attention of the Legislature. The College of Physicians, which we regard, on the grounds already assigned, as being mainly responsible for the evil, possesses among its more eminent Fellows many who have ample opportunities for placing the matter in its right aspects before statesmen and ministers. It is a debt due from them to the profession and the public that they should use these opportunities, and that they should seek to make clear the essential difference between the respective functions of the prescriber and the compounder—between the man who is consulted for skill in a profession and the man who is employed for aptitude in a trade. We have often heard it said that the supply of medicines by general practitioners is necessary in remote country districts, and so forth; and we will so far concede the point as to admit that every practitioner should have a portable receptacle for a few active remedies, such as morphia, calomel, and tartarised antimony, in order to avoid loss of time in nocturnal and other emergencies. But we should gladly see the entire surrender of medical dispensing as a practice, and would like to abandon the ordinary supply of medicines to the druggist, at the same time restraining him from prescribing. The change would increase his legitimate business, and would remove from him all temptation to his present perpetual wrong-doing. It is no excuse for the druggist that the medical man dispenses; because dispensing is easy, and anyone can do it after a small amount of instruction. Moreover, the results of medical dispensing are not disastrous to patients, while the results of druggists' prescriptions are constantly so. But there is a manifest impropriety in the overlapping of functions that are essentially distinct; and we feel strongly, although in opposition to many valued correspondents, that every medical man who relinquishes dispensing strikes a blow at the follies and iniquities of "counter practice."

AT a time when everything else is becoming dearer, and when the purchasing power of every coin has fallen to a lower ebb than at any former period in its history, a delusion has sprung up among the members of certain benefit clubs, to the effect that their coins will purchase more medical advice and attendance now than formerly. Under the influence of this belief, they propose to diminish the very modest stipends hitherto paid to their doctors; and they look to the potent force of competition to accommodate the supply to their demands. It is painful and humiliating to reflect that they are not without precedents for this expectation. The history of medical practice would show only too many examples of men who were ready to work for nothing rather than not work at all, or rather than let the work be done by others than themselves. Such men argue that cases afford opportunities for the display, not only of skill, but also of the various mental and moral qualities by which a practice is gained and kept together, and that they are therefore worth having, even when utterly unremunerative. Or they argue that a club adds nothing to their household expenses, and only imperceptibly to their druggists' bills, and that it brings in a definite £10 or £20 at stated periods of payment. This, we fear, is a more frequent consideration than the former; and is that which, more than any other, governs the competition for clubs which exists in certain places. We doubt whether the club members view the matter in the same light; and whether it enters into their estimate of the contract that the druggist's bill shall be increased only in such small proportion. If they think at all, which is doubtful, they probably regard "doctoring" as something which a certain class of persons have learnt to do, and which they all do in the same manner. On this hypothesis, it is a clear gain to make a contract for small payments. We have little hope that anything we write will fall under the eyes of club stewards or secretaries; but we must deliver our souls nevertheless. The fact is that a large amount of "club doctoring" in England is done carelessly, for no other reason than because it is so badly paid. The doctor cannot afford, he says, to "waste time" on club patients. And thus the undetected pneumonia passes into phthisis, or the approaches of acute rheumatism are not recognised until they have culminated in a declared attack. The labouring classes try to cheat doctors into attending them at unremunerative rates, and suffer grievously because the quality of the attendance sinks inevitably to the level of the fee. This is not high ethics, but it is human nature. We seldom credit any man with entire honesty who accepts clubs at very low rates; and we are quite certain that rates double the highest of those now paid—rates, say, of 10s. a year for each member—would be found, in two or three years only, to be a prodigious saving to the funds of the institutions. Medicine, like other things, cannot be made cheap without incurring the liability to be nasty.

AFTER the meeting of Wednesday at the Mansion House, presided over by the Lord Mayor, there will be great responsibility somewhere if the scheme for a metropolitan Hospital Sunday does not prove a great success. All the religious denominations seem ready, and even eager, to

have this collection. Canon MILLER says that in Birmingham it was even desired and liked by the laity. So perfect was the catholicity of feeling on this point that even the Jews had a special service on the appointed Sunday, and had a Rabbi from London to preach on the occasion. The most hopeful feature of Wednesday's meeting was a determination to subordinate all little questions as to the claims of this hospital or that, and to take a large view of the measure. It is quite premature to propose such questions; and it is in bad taste to use these preliminary meetings as an occasion for singing the praises of a particular hospital. Archbishop MANNING spoke strongly against the exclusion of dispensaries, and in favour of the scheme. It is worthy of all support as a means of uniting Christians, as well as of helping all medical institutions that are worthy of help. A committee was appointed to organise a public meeting, to be held in the Egyptian Hall.

Medical Annotations.

"Ne quid nimis."

BARON STOCKMAR.

IT may not be generally known that Baron Stockmar was educated for the medical profession, and that he attributed much of his future success to the advantages derived from its studies. Without the knowledge thus acquired, without the psychological and physiological experiences that he thus obtained, as he himself tells us, his *savoir faire* would often have gone a begging. A very spirited translation of the Baron's Memoirs has placed the incidents of his life within everybody's reach, and there were very few men's lives so varied, interesting, and eventful as his, moving as he did in that inner circle where decisions are taken which influence the course of history. These memoirs throw much light upon contemporary history, but we are only concerned with Stockmar in his relations to medicine. The eldest son of his parents, Christian Friederich Stockmar was born at Coburg in 1787. He began his university career in 1805, at the age of eighteen, and studied medicine until 1810, at Würzburg, Erlangen, and Jena. At the close of 1810, Stockmar returned to Coburg, and began to practise under his uncle, Dr. Sommer. During the five years that Stockmar spent at Coburg, with only such interruptions as were caused by the events of the war in 1815, he enjoyed intimate and constant intercourse with the poet Rückert, and a scene in Stockmar's early professional life, which he recounted to Rückert forty years after the event, inspired the poet with ideas for one of his poems. In 1812, he became town and country physician, and organised in those great years of war a military hospital at Coburg, over which he presided as directing physician. It was soon filled, first with French and allies, and later on with Russian sick and wounded. Typhus, which everywhere followed the armies, took possession of this hospital. Stockmar, with that sagacity which often appears instinctive with men of his ability, had the courage to keep the windows and doors open even in the cold time of the year. The spread of the disease by contagion caused such a panic among the doctors, Stockmar tells us, that only one old surgeon and he had the courage to remain at their posts. In November, 1813, he was, however, attacked with the disease, but had recovered sufficiently in the following January to accompany the Saxon ducal contingent to the Rhine as principal physician. Arrived at Mayence he was detached, as staff surgeon of the 5th Army Corps, to the hospitals established, under the direction of Stein, at Mayence, Oppenheim, Guntersblum, and Worms. In the autumn of 1814 he returned to Coburg. Whilst serving as staff surgeon of the 5th Army Corps, he had a little encounter with the minister, Stein, in consequence of his having admitted French prisoners into the military hospital at Worms, which happened then to be empty, so that the building was not available for the streams of German wounded that arrived subsequently. In 1816 Stockmar was appointed physician-in-ordinary to Prince Leopold, and afterwards became his secretary, and keeper of the privy purse. On his subsequent career at our own Court, and his intimate relations with the Prince Consort and all the great personages of his day, there is no need to dwell. He had two political ideals: one, the unification of Germany under Prussia; and the other, the establishment of a unity of purpose between Germany and this country. The accomplishment of the first he never lived to see; and the realisation of the second has still to be worked out.

CONSTANT WATER-SUPPLY FOR LONDON.

IN a recent letter to *The Times* Colonel Beresford, M.P., stated that he was unable to discover that a single attempt had been made to put in force the Metropolis Water Act of 1871 in respect of the introduction of the constant service system. It would appear, however, that one exceptional case has occurred, notice having been given by the East London Company of their intention to bring under constant supply from the 25th of next March a district at Bethnal-green containing 6273 houses, or thereabouts. Other parts of the Company's area are, it is announced, to be similarly dealt with as speedily as possible. Neither of the other companies seem to have taken any steps in the matter, so far as we are aware; and the Metropolitan Board of Works, which, under section 8 of the Act, is authorised to initiate proceedings, has made no sign at present. The greatest need for the constant service, from a sanitary point of view, is of course felt in the densest and poorest districts; and as the change can hardly be made otherwise than by instalments, it is quite right to begin with such neighbourhoods as Bethnal-green. The turn of the wealthier and more open districts will come afterwards, and all we ask is that there shall be no unnecessary delay in the process. One hears it not seldom asserted that the regulations approved by the Board of Trade for the introduction of the constant service are too exacting, and entail unnecessary expense. It appears to us rather premature to form such a conclusion beforehand. Let us see what the actual result is, and then, if necessary, the regulations must be modified in accordance with the requirements of the case. Undeniably the constant system, when it is universally adopted in London, will put an end to a vast amount of inconvenience, to say nothing of expense, which a time of frost entails almost every year upon thousands of householders, especially those who live in the suburbs, where a kind of semi-rural state of things commonly obtains in domestic sanitary arrangements. We noticed the other day in an otherwise well-appointed house (rental £60 a year), in a favourite suburb, that the water for domestic use was stored in butts, the supply-pipe being carried in a perfectly unprotected state from the ground, some seven or eight feet up the outer wall to the said butts, and thence fifteen or twenty feet higher up the wall into the roof, where it supplied a closet cistern. Now, the first sharp frost must inevitably cut off the supply of that house, the succeeding thaw as inevitably rendering the aid of the plumber necessary. And this is a typical rather than an exceptional case. Butts and unprotected service-pipes are alike forbidden by the new

constant service regulations, and we believe that in a majority of instances the cost of altering fittings, &c., would be recouped to the householder in one, or at least two winters.

DANGERS OF PRACTICE.

THE death of a young practitioner "from syphilis (contracted whilst attending a diseased married woman in labour) and pulmonary phthisis," as announced in our obituary column of last week, forcibly illustrates a danger to which the whole profession, but especially the accoucheur, is liable. We are, unfortunately, acquainted with the cases of several medical men whose prospects have been blighted, and health ruined, by infection of this character; and it may be remembered that Sir James Paget stated before the Contagious Diseases Act Committee that he had known at least six deaths among medical men from this cause. Indeed, the virulency of the disease seems to be greater in these cases than in the more ordinary forms of the disorder; and when it unfortunately happens that the poison is inoculated upon a system prone to tuberculosis, the lamentable termination we have recorded above is only too likely to follow.

If any argument were needed to induce the medical profession to help forward the legal suppression of contagious disease, we have it here. It is not for us to inquire how the unfortunate married woman became infected—whether by her own transgression or that of her husband; but the fact remains that she was the subject of communicable disease at a time when the assistance of a skilled accoucheur was required, and that in rendering this assistance our professional brother lost his life. If the rabid opponents of wholesome legislation would but take the trouble to inquire into facts, instead of dealing with fancies, they might very soon learn how many innocent women and children also are sacrificed to a foul disorder which could be effectually stamped out were the authorities' hands strengthened as they ought to be by the support of all rational people of both sexes.

CONTEMPORARY REVIEWING.

A CONTEMPORARY has been lately delivered of some remarkable statements of opinion which we consider it a duty to notice. In a recent so-called review of "Modern Surgery," including the lately published works of Hamilton, Erichsen, S. Cooper, Gross, and Bryant, but consisting mainly of a violent attack upon the last author, the following sentences occur:—

"The reviews which appear in the average run of medical papers in this country have been gradually deteriorating in the hands of hack-writers until they have reached a level of absolute nullity; useful as booksellers' puffs; useful as additional advertisements to which authors have been taught to think themselves entitled unless their books were of conspicuous badness; but utterly without value as standards of comparison, without instruction to the authors, without reliability for readers. The greatest sinner in this matter is the oldest. No book appears from the press, however flimsy, however padded, however crude, however wide of the truth in its theories, or however careless and feeble in its observation of facts, that does not receive its portion of quotable lines, which can be tacked on to an advertisement; and a rich harvest of advertisements rewards the shallow praise."

It will, perhaps, hardly be believed that in the next column the following suggestive sentence occurs:—"It is certainly the most original, trustworthy, and complete manual of the kind." If this was not written for business purposes it is certainly quite out of place; and we can afford to pass by the sneer intended to be conveyed by the sentence, "the greatest sinner in this matter is the oldest," since we utterly repudiate any transgressions of the kind, and, judging from the numerous laudations we see in our own advertisement columns as quotations from our contemporary, we should say "the youngest journal is the greatest sinner in this matter."

The so-called review of modern surgery was commenced in the periodical indicated for November 23rd, and opens with a brief notice of Mr. Lane's edition of Cooper's Dictionary, in which special mention is made of the "company of competent labourers," proceeding thus:—

"Modern British surgeons are no longer distinguished by their learning or by their research, or by the spirit of catholic cultivation which teaches men to abhor a Philistine dogmatism, and to shrink from the hard clear lines and merely shining superficies of modern polish. The lack of collateral research, the want of sympathy with the human and antiquarian element in knowledge, and the absence of all literary grace or philosophic thought, is (*sic*) noticeable in all the works before us."

This was the reviewer's opinion on November 23rd; but on December 7th, when the review was resumed and completed, he thus makes his peace with one of those very authors whom he had libeled a fortnight before:—

"If the wise words of the great Chancellor, which Mr. Erichsen prefixes to his treatise on the 'Science and Art of Surgery,' and which are the key to the principles of its composition, were always as clearly present to the minds of other authors as they have been to his, there would be better reason to be content with the general tone and character of the surgical literature of the day. . . . . Accepted doctrines are stated with a perceptible reference to their mode of growth and to their historic as well as their modern and temporary relations," &c.

The second review was, therefore, plainly written under pressure, to do away with the depreciatory remarks of the first; and the reason for this may possibly be found in the announcement which appeared in the intervening number, that Mr. Erichsen had been selected by the managers of the British Medical Association to deliver the Address in Surgery at the annual meeting to be held in London next August.

After this, the less our contemporary walks the high-rope of unsullied literary morality the better; and we would suggest also that violent partisan views put forth from time to time receive more editorial control.

STRUCTURE OF NERVE-FIBRES.

DR. TAMAMSCHEF contributes to the *Centralblatt* (No. 38, 1872) the results of his investigations upon the structure of nerve-fibres. His specimens have chiefly been taken from the lumbar, sciatic, and brachial plexuses of man and of the mouse. Those from the latter, immediately after their removal from the living body, were plunged either into distilled water or into serum or the aqueous humour, and examined with high powers. Many nerve-tubules, he finds, are united together and enclosed by a common sheath composed of flat cells, which may be brought into view by a solution of nitrate of silver. This sheath probably belongs to the lymphatic system. The nerve-tubules are composed of an external sheath or neurilemma, the white substance of Schwann, and the axis-cylinder. On the careful addition of ammonia and then of acetic acid to the nerves on the stage of the microscope, it may be shown that the cylinder axis is composed of a completely homogeneous matrix, which dissolves readily in ammonia, and in which spheroidal bodies gradually in about three-quarters of an hour make their appearance, which he proposes to term nerve-corpuscles—corpuscula nervea. The corpuscles are in contact with one another throughout the whole length of the tube, and are capable of spontaneous movement; their size is nearly equal to that of the red corpuscles of the

blood, and they may with cautious manipulation be obtained altogether detached from the nerve-tubules under the influence of various reagents; they break up into minute granules, which exhibit Brunonian movements in oil of turpentine. In order to determine whether the cylinder axis belongs—as is usually thought—to the albuminous compounds, M. Tamamschef undertook a comparative series of micro-chemical investigations between fresh albumen and these cylinder axes. He finds that pure albumen, in the course of two or three days, exhibits the same kind of resolution into spheroidal elements, more or less nearly approximating in size those of the cylinder axis. After the addition of alkalies and acids, however, the similarity is no longer perceptible. Alkalies, and especially ammonia, cause the corpuscles to swell up, and several granules make their appearance, which are capable of moving in a concentric manner; sometimes a triple zone appears, of which the internal appears reddish, the middle greenish-blue, and the external dark-violet. Acids cause the corpuscles to shrivel, and finally to break up into numerous granules. The following tables give M. Tamamschef's results in a condensed form:—

	Axis Cylinder Matrix.	Albumen Matrix.
1. Ammonia	Dissolves	Dissolves
2. Weak alkalies (potash)	Dissolves	Dissolves
3. Carmine	Uncoloured	Uncoloured

	Corpuscles.	Corpuscles.
1. Ammonia	Action slow, distensive	Action slow, distensive; prismatic colours
2. Concentrated alkalies (potash)	Rapid distension; gradual disappearance	Rapid distension; sudden disappearance
3. Acids: chromic, acetic	Gradual shrivelling; appearance of granules, and their disintegration	Rapid shrivelling, the corpuscles becoming irregularly angular; disintegration of granules
4. Turpentine	Persistent oscillation of granules	Persistent oscillation of granules
5. Carmine	Feeble coloration	Very slow and feeble coloration

CYST-AFFECTED MEAT.

SERIOUS apprehensions arose a year or two ago in regard to the feeding of the European troops in India. The cattle slaughtered in various parts of that country, and notably in the Punjab, were very commonly found infected with cysts. The meat that should have been supplied to the troops was often condemned as unfit for food; indeed, the extent to which this was carried gave rise to no little embarrassment to the Government. This led to an official investigation, and the opinion of Dr. Muir, C.B., was eventually taken and acted upon in the matter. He pointed out that if attention were given to the thorough cooking of the meat in question, no harm would accrue to the troops from its consumption. The subject has since been taken up by Assistant-surgeon T. R. Lewis, M.B., attached on special duty to the sanitary commissioner with the Government of India. A copy of his Report on "the bladder-worms found in beef and pork" is before us. The Report details the observations and experiments made by him, and is illustrated by numerous drawings and micro-photographs. *En passant* we may remark that these representations of minute structure by microscopic photography form, it is believed, the first attempt of the kind in India. In considering the most practical methods of reducing the risk of mischief arising from the consumption of the meat of measled animals, Mr. Lewis mentions that pigs under a year old cannot be infected, nor can grown-up cattle, and he alludes to the practical observation of Dr. Cobbold, that when a calf has been infected, and slaughtered some nine or ten months subsequently, the cysts will be found to have become degenerated, gritty calcareous spots alone remaining to mark the situation formerly occupied by the living parasite. In his experiments on the temperature of meat subjected to ordinary cooking, Mr. Lewis found that no meat can be said to be "done" unless exposed to at least 150° Fahr. As regards the amount of heat required to destroy life in cysticerci he adds:—After being subjected to a temperature of 130° Fahr. for five minutes, they may be considered to have perished. After exposure to this and higher temperatures, in no instance was he able to satisfy himself that the slightest movements took place in their substance when examined under even a high power. After exposure for five minutes to a temperature of from 135° to 140° F., life in these parasites may be considered as absolutely extinct. In no case was he able to detect a single live bladder-worm in portions of measly meat which had been cooked in the usual way, and even in portions of it which had been rather under- than over-cooked. It may therefore be inferred that, with ordinary precautions on the part of the cook, the further development of cysticerci will be arrested. It is rarely that persons from preference partake of meat so much underdone as not to have been subjected in every part for five minutes to a temperature of from 135° to 140° F., after which exposure it may be confidently stated the entozoa will have succumbed.

ENTERIC FEVER AT BURTON-LATIMER.

BURTON-LATIMER is a village situated three miles south of Kettering, and having a population of about 1200. In the spring enteric fever appeared in the village; and before the close of autumn upwards of one-sixth of the inhabitants had been attacked with the disease, and twelve had died from it. The conditions under which so formidable an outbreak of this malady had become possible are described in a report which has recently been made to the Local Government Board by Dr. Thorne Thorne, and which is an excellent example of the reports on local outbreaks of disease which issue from the Medical Department of the Board. The water-supply of Burton-Latimer is derived from shallow wells sunk in a porous soil, infiltrated with excremental and other refuse. "A large number of the wells are absolutely unfit for use; some are scrupulously avoided by the villagers, but many others are still in use because the water they contain is not so polluted that its colour and general appearance have undergone any evident change." The well which is held in highest repute in the village is situated at the bottom of a hollow, on the slopes of which, within a short distance of the well's mouth, are several privy-pits, refuse holes, pigstyes, and an oft-choked drain, the filth from all which different sources soaks into the soil from which the well derives its water. Excrement and other refuse matters are stored for long periods in open bricked receptacles or simple holes hollowed in the earth close to the houses, fouling both soil and atmosphere. Again, Burton-Latimer has some sewerage, but so imperfectly laid that stoppages are frequent, and "it has been found necessary throughout the place to construct along the course of the drains catchpits, into which all solid matters can fall." That is to say, that the means presumed to be devised for the purpose of carrying filth away from the habitations have been perversely converted into a means of keeping filth among the habitations. The conservancy and

water-supply arrangements of Burton-Latimer are, in fact, as aptly designed for the cultivation of enteric fever as if they had been specially arranged for that purpose.

CHARLES CHIRGWIN.

THE short and troubled life of Charles Chirgwin seems not unlikely to lead to results beneficial to humanity. To those unacquainted with his case, we may say that Charles Chirgwin was a baby fourteen weeks old, born in the Strand Union Workhouse. His mother had lived with a man to whom she was not married, and who had gone to America. On the pouring wet night of the 14th November the poor woman, with her baby and two other children, sought refuge in the casual ward of the workhouse where she had been confined. The casual ward was closed by virtue of an arrangement with the St. Giles's Union, and with the approval of the Local Government Board. The woman and children were sent off through the rain to the casual ward of St. Giles's; and there Cannon, the superintendent, gave her in charge upon an unfounded accusation of being drunk. At the police-station the poor drenched family met with a humane and sensible inspector, Mr. Usher, who refused to take the charge, gave the shivering wretches fire and food (for which, let us hope, Inspector Usher will in no wise lose his reward), and sent for the divisional surgeon, who, when he came, ordered the removal of the whole party to the Strand Union, where they were at last received and tended. But Charles Chirgwin had contracted broncho-pneumonia in his journeyings to and fro, and he died on the 17th. A coroner's jury has returned a verdict of manslaughter against Cannon, who will, at any rate, receive a wholesome warning against charging poor women, faint with starvation and half drowned by rain, with drunkenness.

We may, however, pass over Mr. Cannon, and may ask how it happens that the Local Government Board should allow any workhouse to refuse to perform one of its proper functions—that of relieving casuals, and to hand over this duty, by any arrangement whatever, to another and a distant building. It is well that this case has occurred early in the winter season; and we hope it may serve to call Mr. Stansfeld's attention to the manifest impropriety of the system that has been sanctioned in his name.

THE DUBLIN SMALL-POX RELIEF FUND.

DURING the late prevalence of small-pox in Dublin, a committee of the most influential citizens was formed for the purpose of collecting and distributing funds for the relief of the distress occasioned by the epidemic. On the 3rd inst., at a public meeting held for the purpose, this committee presented its final report, showing that over £3700 had been collected, that 3245 grants had been made, and that a balance of £482 remained in hand. It appeared from the report that the labours of the committee had been arduous and constant, and their proceedings have throughout been characterised by remarkable unanimity and good feeling; so much so that in 102 meetings their minutes record only one division. They had carefully examined into the needs of every applicant, and had refused relief in 277 cases; a number quite sufficient to show that their charity was not indiscriminate. The committee advised that the sum remaining in hand should be divided among five Dublin hospitals that had received small-pox cases, and the adoption of the report, which included this recommendation, was moved by the Archbishop of Dublin and seconded by Sir Dominic Corrigan. Among the subsequent resolutions, the Rev. Dr. Leeper moved, "That the members of the medical profession in the city are entitled to our warmest gratitude for the skill, attention, and devotedness which they displayed in the discharge of their trying duties during the late visitation of disease, both in the houses of the afflicted as well as in the public hospitals of the city." As a clergyman of some standing in the city, for the last thirty years, he had had ample opportunities of judging of the conduct of medical men, and he had, especially during the last epidemic, seen their continuous attention, constant self-denial, and unwearied labours. The Rev. Mr. McEnery seconded the resolution, which was carried unanimously.

LIVING LARVÆ IN THE EAR.

IN a recent number of the *Archives of Ophthalmology and Otology*—a publication brought out simultaneously in English and German—Dr. Blake, of Boston, describes four cases of the occurrence of dipterous larvæ in the human ear. In one of these cases the larva was that of Muscida sarcophaga, and in another case that of M. lucilia, which was probably also present in the fourth case. The presence of these larvæ is always associated with an otitis media purulenta, which can hardly be wondered at if we bear in mind the nasty predilections of the ordinary blow-fly. M. lucilia is oviparous; from which may be explained the fact that in the cases in which it was present only a single larva was found, most of the eggs having been presumably washed away by the fetid secretions from the ear. M. sarcophaga, on the other hand, whose larvæ were more numerous, five and four being respectively present in the cases recorded, and being visible as "a white undulating mass," is viviparous, the larva being seen at birth to protrude from the abdomen of the fly, and move its head as if in search of some point of attachment; and, should a piece of meat be presented to it, "the mandibles are driven into it, and the larva withdraws itself from the body of the mother, and is immediately followed by another and another, until several have been delivered." The intense deep-seated pain and the streaks of blood which accompanied the purulent discharge were easily accounted for when a larva was examined under the microscope, after being included between the bottom of a glass beaker and a piece of meat; the animal being seen to be armed with a pair of strong mandibular hooks, articulated with a kind of chitinous endo-skeleton lying within the anterior rings of the body. When the larva strikes its prey, the integument of the rings is made tense, the mandibles being thereby extended and fixed firmly in that position on the framework; the anterior rings are then retracted as a whole, "and thrust quickly forwards with a force often sufficient to bury the claws up to their roots." This manœuvre is rapidly repeated, while the body is simultaneously dilated, the sharp backwardly-directed papillæ which clothe it giving it an additional hold. We can hardly, then, be surprised that these pests cannot be dislodged merely by the process of syringing, but that they must be picked out singly with a forceps, and that after their removal the intense pain ceases and the blood-streaks in the discharge disappear.

INFIRMARIES AND THE WORKING CLASSES.

THE Treasurer of the Leeds Infirmary, Mr. Hudson, has addressed a well-considered and well-written appeal to the working classes of the locality, calling upon them to contribute to the funds of an institution by which, as a body, they benefit so largely. He points out that in some factories and shops the hands each give one day's wages in the year, which they earn by working overtime. In others they have adopted the principle of giving, some one penny, others one halfpenny a week, the money being collected weekly by a foreman or other person deputed, and paid twice a year to the infirmary. He mentions that the Glas-

gow Royal Infirmary received nearly £7000 from the working classes in 1871; and that the North Staffordshire Infirmary received over £2500.

The appeal thus made by Mr. Hudson is one that should be repeated in every considerable town in the kingdom, and that should especially, as soon as an example has been set in places more easily manipulated, be pressed home in London. Nothing is more disgraceful to the artisans of the metropolis than the way in which they squander their large earnings alternately in strikes and in sensuality; while they are not ashamed, whenever sickness comes to them or theirs, to crowd like paupers round the doors of the great hospitals to which they have never contributed a single farthing. Between the politicians who pander to his prejudices, and the demagogues who thrive upon his ignorance, the "working man" has lately had but an unprofitable time. It would be a step towards his reform if hospital treasurers could teach him a little manly honesty and independence, and could make him give of his substance to institutions that so often restore him to health, or that solace his dying hours with comforts which he could not otherwise procure.

TESTIMONIAL TO MR. J. C. FRENCH.

THE retirement of Mr. French from the office of surgeon to the Infirmary of St. James's, Westminster, has been made the occasion of presenting him with a memorial which bears most gratifying testimony to the appreciation of his services entertained by numerous patients and friends in that parish. For more than forty years Mr. French had devoted himself to the duties of his office, bringing to bear upon it an amount of energy, solicitude, and endurance which it would be impossible to surpass. The change in the parochial arrangements, by which St. James's has become a part of the Westminster Union, was the determining cause of Mr. French's resignation of an office which, so far as his health and strength were concerned, we are happy to say he was under no obligation to vacate. The memorial, which consisted of a handsome cabinet filled with richly-bound volumes of his own selection, was presented to him on the 6th inst., at the Vestry Hall, Piccadilly, in the presence of numerous friends. The Rector of St. James's, in a very graceful speech, referred to the exceptionally long services of Mr. French, his kindness to the poor, and his skill in his profession, and remarked that although it had happened—on extremely rare occasions, it is true—that some complaint had been made against him, this had always turned out on investigation to be without foundation; and he added, with great justice, that for a man occupying a public office to escape altogether an occasional murmur, would be sufficient to imply that he had failed in his duty. We are sure that our readers will cordially congratulate Mr. French on the kindly tribute to his merits indicated by this present, conveyed, too, as it is in a form which must be peculiarly gratifying to one who is not only a great reader of classical literature, but has brought his reading to bear good fruit in the formation of a strictly philosophical habit of thought.

REMOVAL OF THE UTERUS.

M. HUGUIER, of Paris, was formerly in the habit of removing the cervix when elongated—a hazardous practice. M. Koerberlé has extirpated, in one case, the whole uterus, without fatal consequences. The uterine neck, affected with cancer, has been amputated in this country. All this interference with so important an organ seems justified, especially as Koerberlé's case was successful. But the question arises, whether, in a case of ovariotomy, when the surgeon finds firm adhesions between the cyst and the body of the womb, he is justified in removing the whole or part of the latter. M. Demarquay, of Paris, met with a case of this kind quite recently, and boldly took away a great portion of the uterus. The woman died twenty-three hours after the operation; and M. Demarquay asks what should be the rule in such cases, seeing that Mr. Spencer Wells and himself did not meet with success. Of course stringent laws cannot be laid down, as no two cases are perfectly analogous; but it would appear that hesitation is excusable, as the chances of success seem so very slight. We have, on the other hand, numerous cases on record where, under these or similar circumstances, the surgeon has left the operation unfinished.

THE ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

THERE was an unusually large attendance of the Fellows of this Society on Tuesday evening last, to hear and discuss a paper by Dr. George Johnson on the Pathology of Chronic Bright's Disease with Contracted Kidney, with special reference to the theory of Arterio-capillary Fibrosis. The paper was in reply to one brought before the Society by Sir William Gull, Bart., and Dr. Sutton, at the end of last session. The views of the authors of that paper were severely criticised by Dr. Johnson, who endeavoured to show that the views were based upon a misinterpretation of the appearances in microscopical preparations. Sir W. Gull was unfortunately prevented from being present, but Dr. Sutton replied, maintaining the correctness of their views. An interesting discussion upon various points in the paper followed, in which Dr. Dickinson, Dr. Anstie, Dr. Bastian, Dr. Sibson, Dr. Broadbent, Dr. Payne, and Dr. Sankey took part. On the proposal of Dr. Sibson and Dr. Quain, it was resolved to appoint a committee to inquire into the whole subject and report to the Society.

SANITARY AMENITIES IN WHITECHAPEL.

THE Adulteration of Food Act appears to have roused the controversial proclivities of all the metropolitan "boards," but Whitechapel has taken the lead in a display of courtesy, tact, and temper. Mr. Liddle, medical officer of health for the district, was asked at the last meeting of the Board of Health if he were willing to undertake the duties of analyst under the new Act, and he replied very frankly that he was not "chemically and microscopically" qualified for the post, inasmuch as he had never made an analysis in his life. He also remarked that, according to his own knowledge and belief, of the forty-five medical officers of health in the metropolis, not more than two were properly qualified for such an office. We admire exceedingly the honourable and candid spirit which prompted this avowal, and think it well worthy of imitation. But there were members of the board who failed to see that in such a matter honesty was the best policy both for them and for their medical officer. It may be presumed that they thought only of the additional cost to the district consequent upon the appointment of an analyst, and so Mr. Liddle was subjected to a tirade, the tenor of which he very mildly deprecated as "personal and offensive." The subject was ultimately referred back for reconsideration. It is, however, a matter of great regret that no uniformity of method appears to be adopted in the proceedings of local boards of health and vestries in London as to this Act. In some cases the health officer has been chosen and has accepted the post (for Mr. Liddle at present stands alone in pleading incapacity); in others, an analytical chemist has been appointed; and a third plan is now afloat for the union of several districts, so as to secure a skilled analyst by offering a liberal scale of remuneration. We

have already indicated, in THE LANCET of the 30th ultimo, that the last scheme is best calculated to secure the successful working of this important Act.

ST. BARTHOLOMEW'S HOSPITAL REPORTS.

THERE is a good sprinkling of practical papers in the volume of the St. Bartholomew's Reports for 1872, just issued. The lion's share of the space is occupied by three excellent papers from the pen of Dr. Duckworth, relative to molluscum contagiosum, alopecia areata, and other skin affections. Dr. Duckworth gives the results of a good many observations upon the diseased hairs in alopecia areata, and decides absolutely against its parasitic nature, and in favour of its arising from some failure in the innervation of the part which becomes bald. The paper on this topic is well illustrated. Mr. T. Smith gives a description of tubercular disease of the urinary mucous membrane, that gives rise to symptoms resembling those of stone, and thus adds valuable matter to the subject of renal pathology. Mr. Savory boldly challenges the soundness of the usual rule with regard to amputation in traumatic gangrene; and Mr. Callender points to the fact of twenty-five successful amputations in succession as evidence of the healthy state of the surgical wards. These may be taken as samples of some twenty-five separate contributions to the volume.

HEALTH OF ROCHDALE.

ACCORDING to a statement made at the last meeting of the Rochdale Town Council, the mortality in that town has of late been remarkably low in comparison with that of other Lancashire towns. Thus, in Bury the death-rate was 24 per 1000, in Ashton 29, and in Oldham 35, while in Rochdale it was 21. From the seven principal zymotic diseases, 393 deaths occurred in the Oldham union, out of a population of 126,000, but in the Rochdale union only 129 out of 109,000. Alderman Taylor appears to have been so impressed with these facts that he said it really seemed to him "as if they had got hold of a power of preventing those deaths." We are delighted to hear it, and hope that the worthy alderman and his colleagues will make the utmost use of their discovery. It is, at any rate, a fair assumption that the new system which has been adopted in the town for the disposal of night-soil has had a share in diminishing the mortality, and the Council will probably be encouraged thereby to bring those "outside districts" over which they have now acquired control, as speedily as possible under the same regulations as the older and healthier parts. By the way, it would have made Mr. Taylor's statement more instructive if he had given some idea of the relative condition as regards density of population of the towns which he brought into comparison. The Oldham union, for example, has an area of 16,872 acres for its population of 126,000; the area of Rochdale union is 40,340 acres, inhabited by 109,000 persons. Manifestly the former is less favourably circumstanced than the latter in one important hygienic feature.

RECRUITS FOR THE NAVY.

THE last statistical report on the health of the navy contains an appendix by Staff-surgeon Seaton Wade, who is at present attached to H.M.S. *Impregnable*, on the health of boys entered for service as "blue-jackets." From this report it appears that 2897 boys were entered during the year 1870, indicating a slight increase as compared with the previous year. A large proportion are, however, unable to pass the educational and physical tests. The *Warspite* furnished 142 out of the 191 supplied by the "charity" training-ships, so that these latter can hardly as yet be said to fulfil one of the ostensible purposes for which they were instituted. The Royal Naval School of Greenwich Hospital is, or should be, now likely to increase annually the number of navy recruits; and, if the present system is kept up in its entirety, this School will furnish a large proportion of boys for the Royal sea service. Of 2090 boys examined on board the *Impregnable*, 447 were rejected—viz., 128 for circumference of the chest below the standard, 43 for weak development, 17 for scrofula, 70 for phthisis, 26 for varicocele, 41 for imperfect, and 38 for decayed, teeth.

AFRICAN FEVER.

RECENT mails from the West Coast of Africa have brought intelligence of the deaths of the Queen's Advocate and the French consul at Sierra Leone from fever, and many of the officials of the same unhealthy station are invalids in this country. Out of a European population of 98 at Sierra Leone, over 20 have died since January—a ratio of upwards of 200 per 1000. The climate is, in fact, so deadly to Europeans that it is surprising that any can be found to encounter the risk of serving there. In order to obtain volunteers for the Army Medical Service of the West Coast of Africa the authorities have long had to offer additional advantages to medical officers. Notwithstanding that these officers are entitled to a year's leave in this country for every year spent in the African climate, the lives of a great many of them are sacrificed by the service. The medical are not, of course, by any means the only officers who suffer, and we doubt not that if the medical records of the army were examined a somewhat startling story could be told of the loss of health and life that African service has occasioned. Those who have once contracted these fevers seldom altogether recover their health. If they manage to escape structural disease of the liver, spleen, or other organs, their susceptibility to relapses of fever remains, and many a strong and hearty young fellow has been tempted to go out to these wretched climates only to return a wreck of his former self. We have always advocated the fullest possible employment of natives, and we are glad to notice that Lord Kimberley has adopted this policy.

THE INQUEST AT THE NEWCASTLE INFIRMARY.

WE wish further to enter our strong protest against the injustice of the inquest lately held in the Newcastle Infirmary, and detailed in THE LANCET of Nov. 16th. It will be remembered that the coroner did not sanction a post-mortem examination, without which the house-surgeon explained that he could not understand the cause of death. A post-mortem examination is supposed to cost two guineas; and in the case of a man so poor and so friendless the consideration of the expenditure of two guineas weighed against the post-mortem. The verdict was that he died from serous apoplexy caused by drink and exposure. The poor man was taken from the infirmary to the Medical School, where he was found to have sustained a terrible fracture of the skull, with corresponding laceration of the brain and hæmorrhage, which is thus described by an expert in such injuries:—

"The fracture commences at the occipital protuberance, and extends downwards and forwards on the left side to the foramen jugulare, and from thence forwards to the body of the sphenoidal bone, entirely separating it from the temporal bone. On the right side there is a fissure extending from the occipital protuberance to the foramen jugulare. The posterior half of the skull is split into two unequal parts, which are merely kept in position by the integuments and dura mater."

Such injuries imply great violence. The violence might be either from a blow from a heavy weapon or from a

fall. But what are we to think of a jury not finding such things out, and deciding that drink and exposure caused serous apoplexy? It is a mockery. A few such cases will bring the coroner's inquiry into contempt. No matter that the man was friendless, found insensible in the middle of the night in a urinal, died in the infirmary, and was removed thence to the dissecting-room. He may have been murdered; and, even if not murdered, the verdict is still at cruel variance with the facts.

THE MEDICAL OFFICER OF HEALTH FOR ISLINGTON.

ON Friday, the 6th inst., the vestry of Islington proceeded to elect a successor to Professor Corfield. Of seven candidates, three had been selected as eligible by the Sanitary Committee—Mr. Charles Meymott Tidy, M.B.; Mr. Alfred Haviland, M.R.C.S.; and Dr. John Cooper Torry. Finally, the contest was between Mr. Tidy and Mr. Haviland. On a poll being demanded, Mr. Tidy was found to have 58 votes, and Mr. Haviland 43. Mr. Tidy is the Professor of Medical Jurisprudence and Joint Lecturer on Chemistry with Dr. Letheby at the London Hospital, and is favourably known to the profession as an analyst and toxicologist. He is deputy medical officer of the City of London; but expressed himself willing to resign this office if elected to the Islington medical officership. Islington has been much favoured in having medical officers of high scientific standing. And the vestry may be congratulated on another appointment likely to make sanitary and analytical science respected in the parish.

LADY BARRISTERS.

IT has often seemed to us hard that the medical profession should have exclusively to bear the brunt of invasion by ambitious ladies, who feel dissatisfied with the sphere of duty usually assigned to them by convention if not by nature. It is not therefore without some sense of gratification that we hear that the Bar is now about to be assailed. We are informed that a lady has applied, or is about to apply, to the Benchers of the Inns-of-Court, with the intention of keeping terms for the Bar. Our own main objection to ladies entering the medical profession is that it is unfitted for them. We shall leave others to say how far the Bar is likely to afford field for the exercise of female talents. We can imagine such fair counsel producing a mighty effect on juries in cases of breach of promise. And yet this is just the kind of case in which the lady barrister would feel bound to suppress the feminine side of her nature, and speak like a man. One thing is clear, however, that it is quite logical for enterprising ladies to pass from one claim to another. They cannot stop at the medical profession. The Bar and the Pulpit, and even the Bench of Bishops, must look out, and both Houses of Parliament may have to be refitted, with a view to more sitting accommodation.

MILITIA SURGEONS.

A COMMUNICATION from "A Militia Surgeon" recalls to our remembrance that Parliament will soon be sitting again, and that Mr. Cardwell will have to announce publicly the determination at which he has arrived regarding militia surgeons. Their case appears to us to be a simple and strong one, and only requires to be judiciously put forward to secure due consideration. We have on previous occasions stated the points wherein the strength of their position consists. Whatever views Mr. Cardwell may have regarding his depôt centre system, he cannot, consistently with justice, deprive the present incumbents of those advantages to which they were entitled on becoming militia surgeons.

THE CONJOINT EXAMINATION SCHEME.

THE Committee appointed by the several examining bodies in England to carry out the details of the scheme for a conjoint examining board met on Monday last, when Sir James Paget, Bart., was elected President of the Committee. We regard this selection as a very fortunate one, for the action of the Committee must greatly depend upon its leadership, and Sir James Paget is known to have liberal views, and to carry with him the confidence of the profession. We trust the Committee will be careful to free itself at once from all "nursing" by existing examining bodies with interests to uphold. It is quite strong enough to run alone; and unless it takes a perfectly independent line of action, its labours will but end in nought.

THE NURSING AT KING'S COLLEGE HOSPITAL.

THE comments which appeared in our columns some time since seem to have incited the authorities of King's College Hospital to look very closely into the details of the nursing at their institution, with the view of discovering any defects that might exist, and of providing appropriate remedies for them. The result has been that a general monthly report on the nursing, signed by the medical officers, is now submitted to the committee of the hospital. We believe that although in the main the nursing has been excellent, and perhaps the best of its kind in any of the general hospitals in London, yet complaints have been made from time to time, and with reasonable ground, in regard to the frequent changes of nurses. Steps have, however, been taken to obviate this evil.

THE GENERAL MEDICAL COUNCIL.

DR. PYLE, of Sunderland, has been appointed representative of the University of Durham in the General Medical Council, in place of Dr. Embleton, resigned. Dr. Humble was also proposed, and was the chosen candidate of the College of Medicine, Newcastle, but Dr. Pyle was declared by the Dean to be elected. It does not say much for the good understanding between the Newcastle School of Medicine and the University of Durham that the nominee of the former should not have been chosen to this very responsible office.

CHOLERA IN INDIA.

WE understand that the returns of cholera among the European troops living in the Bengal Presidency show a mortality of a little over 500 since the first appearance of the disease this year. According to intelligence extending to the month of October, it would appear that cholera was still lingering in various places. There had been several cases among the troops at Peshawur.

TIVERTON INFIRMARY.

THE questions in dispute in this Infirmary have been referred to a mixed committee. It is to be hoped that this committee will replace the institution on a proper public basis by recommending concessions to the just demands of the dissatisfied medical officers. It is impossible either that a public infirmary can be conducted by one honorary officer, or that four medical officers can give way to one.

HEALTH OF SANDRINGHAM.

WE are authorised to state that, contrary to recent reports, the health of Sandringham is in all respects satisfactory. With the exception of a few cases, now convalescent, of small-pox, there has been no instance for some time past of epidemic disease, typhoid being absolutely non-existent in the district.

THE *Pall Mall Gazette* publishes a communication from a medical correspondent which must gladden the hearts of young ladies who desire to renounce the knitting-needle for the lancet, and the croquet-mallet for the stethoscope. We learn that the "medical education of women will shortly be placed upon a solid foundation in the city of Boston, U.S., by the New England Female Medical College being made a branch of Harvard University." The Female Medical College takes with it a dower of £30,000, and its endowment will be kept exclusively for women students; "but in all respects, beyond that of working in a separate collegiate building, the women students will be dealt with by the University on precisely the same footing as men students." A "fair field and no favour" is clearly the platform of female medical education in America, and the banner under which the new apostles will enter into competition with their grosser contemporaries.

AT the recent Manchester Assizes Dr. Chadwick obtained a verdict of £100 damages against a firm of woollen manufacturers who had libeled him. The facts of the case were briefly as follows. The defendants some time ago introduced the use of fusel oil into their process of cleaning wool; the refuse of the oil passed into the drain, causing an offensive effluvium; whereon Dr. Chadwick brought the matter before the local board. Shortly afterwards the defendants issued a placard accusing the plaintiff of "habitually neglecting his patients for the sake of getting drunk." At the trial, however, they were unable to substantiate the charge of inebriety, and the jury, after a short discussion, found a verdict as above.

THE election to the Professorship of Surgery in the Royal College of Surgeons of Ireland, vacated by Mr. Hargrave, will take place on the 24th inst. The candidates up to the present time are, Messrs. Croly, Barton, and W. Stokes. Mr. Wharton, whose candidature would necessitate the resignation of his seat in the Council of the College of Surgeons, does not intend to come forward on the present occasion.

THE annual exhibition of cattle which commenced at Islington on Monday bids fair to be recorded as one of the most successful yet held. A walk through the building would suggest to the surgeon several problems in bovine pathology and fatty degeneration of vital organs, while the sanitarian would have his attention arrested by several new inventions having a practical bearing upon hygiene.

WE are informed that Dr. Bridges, one of the inspectors of the Local Government Board, is at present engaged in what is officially called a "special inquiry"; and that Dr. F. J. Mouat will administer inspectorial advice to the authorities of the metropolitan parishes in his absence.

IT is proposed, under the new Act, to divide the county of Shropshire into three sanitary districts, and to appoint a medical officer for each district, at a salary of £800 a year, half to be paid by Government.

THE guardians of the Hackney Union have increased the salary of Dr. Millar, medical officer of the workhouse, from £180 to £210 per annum.

THOSE assistant-surgeons in the Royal Navy who are eligible will be examined for qualifying for their surgeoncy at Haslar and Plymouth on the 16th January, 1873.

THE death is announced of Dr. Ponchet, of Rouen, the well-known advocate of the theory of spontaneous generation.

THE first Roscoe lecture in connexion with the Literary and Philosophical Society of Liverpool was delivered by Prof. MAX MÜLLER, who, on Tuesday last, at St. George's Hall, treated his audience to a most interesting discourse on the Philosophy of Language, more especially in its bearing on the Darwinian hypothesis. The lecturer urged, in opposition to the theory of Mr. Darwin, that the absence from the vocal expressions of the lower animals of anything like a phonetic type or verbal root was of itself sufficient to set aside the view that human language is but a development of the inarticulate sounds of brutes. The professor reasserted his conviction that language was, and ever will be, the great line of demarcation between man and the lower creation.

THE West Ham Local Board of Health decline to receive any financial aid from the Government in respect of the salaries of either their medical officer or inspector of nuisances. It will be remembered that, when the Thames Shipping Inspection Committee was formed, this district alone (of those at the waterside) declined to take part in any sanitary proceedings on the river.

IN compliance with an opinion expressed by Convocation in May last, that "it is desirable that Convocation should meet twice at least in every year," the Senate of the University of London have appointed a meeting of Convocation to be held on Monday, January 21st, 1873.

THE two Actonian Prizes of 100 guineas have been awarded by the Council of the Royal Institution to the Rev. G. Henslow, M.A., and Mr. B. T. Lowne, Lecturer on Physiology at the Middlesex Hospital.

DR. WILLIAM GIBNEY, who served in the 15th Hussars at Waterloo, died at Bath on the 4th inst., aged seventy-eight.

THERE is to be an arrival in London shortly of 25,000 lb. of chinchona bark from the Madras Government.

A MEETING was held in Birmingham on Monday for the purpose of establishing a Hospital *Saturday*.

THE HOSPITAL SUNDAY MOVEMENT.

MEETING AT THE MANSION HOUSE.

THE Lord Mayor presided at a large preliminary meeting at the Mansion House, on Wednesday, at three o'clock, called by invitation of the Committee. There were present, in addition to representatives of most of the hospitals in London, the Revs. Canon Miller, Archbishop Manning, and Mr. Kitto. Letters were announced expressive of sympathy with the object of the meeting from various leading dissenting ministers, especially Dr. Kennedy, President of the Congregational Union, and Mr. C. H. Spurgeon.

The Treasurer of Guy's Hospital said that, as the representative of a wealthily-endowed hospital, he should not look for a share in the money expected to accrue from this scheme, as far as the general purposes of the hospital were concerned; but he thought the Samaritan Fund for assisting convalescents might properly expect to share.

The Lord Mayor said that it was natural that every person should think that institution most deserving of being helped out of the fund expected of the usefulness of which he had had experience. He thought the right way would be to commit the distribution of the funds to the care of a committee of gentlemen of high standing, and disinterested. He read a letter from the Treasurer of St. Thomas's Hospital, who expressed his opinion that the movement would be favoured chiefly by the special hospitals.

The Rev. Canon Miller gave an interesting account of

his experience of a similar movement at Birmingham. He said the successful conduct of the movement would require tact and good humour, and even a little diplomacy, and much labour. All Christians in Birmingham joined. And even the Jews, in order that they might co-operate in such a movement, had a rabbi from London, and special sermons and collections on the Sunday. He urged that only institutions for the relief of physical suffering should be recognised, and insisted strongly on the importance of *one* definite day being set apart for the collection. He regretted the objection that subscriptions would be injured, maintaining, on the contrary, that by the publicity given to the institutions by subscription papers distributed in the churches, the subscriptions would be increased. He thought it a grand thing in Birmingham, where political feelings and passions ran high, that all these should be suppressed for one day by common contribution to the sick.

Archbishop Manning entirely endorsed all that Canon Miller had said. He was sure that by setting apart one day for the collection, he would not say a spirit of rivalry, but a sense of common work would be everywhere excited that could not but be productive of good. He remarked on the number of wealthy people who might, but do not, subscribe to hospitals, and argued that these would have this matter brought under their notice. Allusion having been made by the chairman to the question of dispensaries, and to the opinion of THE LANCET that they could not be excluded, the Archbishop said on that point he felt very strongly in favour of the inclusion of the dispensaries.

It was finally resolved that a certain number of gentlemen, including the clergy and representatives of every denomination, should meet on Monday at three o'clock, to organise a public meeting to be held in the Egyptian Hall on an early day.

Correspondence.

"Audi alteram partem."

FLAP OPERATION FOR CATARACT.

To the Editor of THE LANCET.

SIR,—Mr. Jeaffreson of Newcastle, in his interesting report in your last number, comes forward as the champion of the old flap operation for cataract, and adduces 15 cases treated by himself by that method as evidence of the advantages it possesses over other and more recent methods of operating. Permit me, then, to inquire what is the statistical value of this report.

Out of 15 cases Mr. Jeaffreson succeeded in restoring "good" or "perfect" vision to 14. This would give nearly 7 per cent. of failures. But we find that in two of the cases iridectomy was superadded to the other steps of the operation, and it is, therefore, only fair to exclude these from consideration. The average of failures will then be 7·77 per cent.

If we compare this result with the statistics of Graefe's operation, the latter will be found to have a much larger amount of success. Knapp lost only 3·04 per cent. De Wecker lost, in his earlier cases, 4·5 per cent., and in his later series, 3·48 per cent. Von Graefe had only 2·8 per cent. of failures. Mr. Taylor of Nottingham (in his first modification of the flap operation), lost only 3 cases by suppuration out of 105.

Mr. Jeaffreson, therefore, in order to complete his argument, should give the results of the total of his operations, which he tells us are nearly 100 in number; and it would also add much to the value of his report if he would define clearly the amount of vision which he designates as "perfect" after an extraction, and also that degree which he considers "good" vision.

Why, however, should we pledge ourselves to one or even two methods of operating? May not the flap operation be suitable to certain cases,—the Graefean operation to others,—and other modifications to a third set? The varying relative sizes of the nucleus and cortex of the lens, and the varying consistence of the cortex, must make a small opening sufficient in some cases, and a larger one necessary in others. Other conditions, such as the tension of the eyeball, the dilatability of the pupil, the presence or absence of synechiæ, the strength of the orbicularis muscle and its spasmodic action, &c., must suggest modifications in many cases.

As an instance of the value of modifications in particular cases, the following recent case in my own practice is not inappropriate. A man, aged sixty years, had a cataract in the right eye, which presented several unusual appearances. 1. It had an almost uniform "gruelly" aspect. 2. There were a few points on its anterior aspect with a quasi-metallic lustre, but no radiating striæ. 3. The nucleus could not be seen through the cortex either by focal illumination or by ophthalmoscopic illumination. Under these circumstances, I suspected a very bulky and semi-fluid cortex, and a small nucleus; but in order to satisfy myself on this point before making the corneal section, I introduced a fine, slightly curved needle through the lower part of the cornea, and lacerated the capsule, acting upon a suggestion of Signor Correnti, of Florence. A perfectly fluid, milky cortex escaped into the anterior chamber, and the cataract became suddenly reduced to one-third of its original bulk. I was now assured that I could extract it through a small aperture, and, accordingly, made a small section of the cornea, and, without making any iridectomy, easily forced out the nucleus through the pupil and the corneal wound, the fluid cortex escaping almost entirely with the first rush of aqueous humour. The patient has hitherto gone on well, the operation having been performed ten days ago. In many other cases a tentative puncture of the anterior capsule may enable the operator to regulate the size and form of his corneal section according to the ascertained size of the nucleus and the consistency and bulk of the cortex; and it is always more easy to lacerate the capsule before letting out the aqueous humour than after this has escaped, and the pupil has contracted, as it almost always does after the corneal section has been completed.

On other occasions I have found it necessary to perform the operation of removing the lens *in its capsule*, and without lacerating it; and I believe that it will be found that the tendency of ophthalmic surgery at present is to an *absolute eclecticism*, not pinning our faith to any one proceeding to the exclusion of all others, but carefully selecting cases suitable to each particular method, and making the exactness of diagnosis the guide in our choice rather than the teaching of statistics, which must always be liable to fallacies and inaccuracies of detail.

I am, Sir, your obedient servant,

W. SPENCER WATSON.

Henrietta-street, Cavendish-square, Dec. 9th, 1872.

THE POOR-LAW MEDICAL OFFICERS' ASSOCIATION AND THE PUBLIC HEALTH ACT.

To the Editor of THE LANCET.

SIR,—I trust you will permit me to reply to the statements made by Mr. Barnes, which appeared in your last week's issue, especially as, if not controverted, very erroneous conclusions will be deduced therefrom.

Mr. Barnes is correct in stating that the provincial members of Council do not attend our meetings; nor is there much reason why they should, as the subjects which come up for consideration at the Council meetings have generally been such as could be dealt with without requiring the sacrifice of time and money involved in a lengthened journey. I am also prepared to admit, with Mr. Barnes, that deference has been paid to the views of provincial members; for as nine-tenths of the communications forwarded to the Association during the last two years have been addressed to and acknowledged by myself, it has been my duty to submit them. Again, I am not prepared to object to the general principles involved in Mr. Barnes's resolutions, as they have been, in one shape or other, publicly advocated by me years before that gentleman came forward as a Poor-law reformer; but what I do object to is, that resolutions affecting the status and interests of provincial medical officers *exclusively* should have been brought forward and sanctioned at a meeting of Council constituted of metropolitan medical officers only, especially too as they were thus brought forward in avowed opposition to the principles contained in the resolutions sanctioned by a general meeting

of the Association, convened by circular and by publication in the medical journals, at which general meeting several provincial members were present, and took an active part in the proceedings—Dr. Lush, M.P., among the number. This meeting was held so recently as the 1st October last. The propriety of the resolutions which were then adopted has been acknowledged by a large number of country members, who, not being able to be present, have since written to me. These communications Mr. Barnes, no doubt innocently, chooses to ignore.

Mr. Barnes urges "that it would be a fatal blunder to let the present opportunity pass without making a bold push to secure for the 4000 medical officers a proper recognition of their fitness for the post of health officers." I have never questioned their fitness for the position; indeed, I have continually urged that their skill and information should be utilised for the public good. What I have, however, advocated is, that they should act as deputies only to a superior medical officer, who, rendered independent of local influences and interests by a sufficient stipend and appointments, and on a large area, should, in giving orders, stand betwixt the Poor-law medical officers and the local ignorance and opposition to which they are so constantly the victims, as no one knows better than Mr. Barnes.

The regret which takes the foremost place in Mr. Barnes's impressions of my letter, is at least equalled by the surprise with which I have read his; indeed, his letter is a standing proof of the necessity of protecting people against themselves and against those influences which, carrying with them delusive prospects of advantage, prevail in some cases over their better judgments. At a general meeting of the Association, held at the Freemasons' Tavern in November, 1870, at which several provincial members were present, I find that Mr. Barnes proposed a resolution, "That the workhouse and district medical officers be appointed and styled deputy health officers." This fact needs no comment. Of course Mr. Barnes has a perfect right to change his mind as often as he pleases, but that scarcely constitutes him a judge of consistency, or entitles him to indulge in regrets over the steady avowal of a principle. The value of the airy decision (apart from the exigencies of peroration) which he passes upon the tenability of my position I leave to the judgment of those who have known me, my efforts, and, moreover, my sacrifices in the cause which I have advocated for some sixteen years past.

As regards the prospects of the Association, one thing is certain, that the birth of this child of discord in our midst must have occasioned unspeakable joy in certain quarters; and that its progress will be watched with quite a parental fondness by our kind and sympathising friends at Whitehall is equally certain.—I am, Sir, yours obediently,

Dean-street, December 10th, 1872. JOS. ROGERS.

FORCIBLE FEEDING.

To the Editor of THE LANCET.

SIR,—I have read with regret the letter of Dr. Clouston on "Forcible Feeding," in your issue of Saturday last;—regret, not because he writes disparagingly of my opinions, but because it is sad to discover that one has been reverencing an "eidolon" rather than a reality. Hitherto I have been led to regard Dr. Clouston as possessing a calm and judicial mind, capable of—nay, as habitually—observing facts and weighing evidence without passion, and as being scrupulously exact in statement, and cautious in drawing conclusions; and now he has shown to me that he jumps to conclusions in as rash and hasty a manner as any visionary or partisan whatever. Thus, in writing of me, he says:—"Above all, he *quoted from memory*" Dr. Conolly's opinion "that *many or most* of his patients whom he had fed with the stomach-pump *subsequently died in consequence*." (The italics are mine.) Short as is the above-quoted paragraph, it contains two grave and inexcusable errors. First, Dr. Clouston rashly concludes, and states, that I "quoted from memory," whereas I distinctly alleged that Dr. Conolly "has left on record." Not only does the writer thus misrepresent a fact, but appears to intimate that my memory must have been false, inasmuch as with all his extensive research in Conolly's writings, he could not find any "confirmation" of my statements.

Dr. Clouston's second error is worse than his first, for he makes me to represent Conolly as saying "that *many* or *most* of his patients whom *he* had fed with the stomach-pump subsequently died *in consequence*."

I never alleged that Conolly had fed a patient with the stomach-pump; and so far from declaring that "*many* or *most* had *subsequently died in consequence*," I quoted Dr. Conolly's exact words, as follows:—"I do *not* mean to conclude that they *died in consequence*, although I have reason to suspect that such was *sometimes* the case."

It is by such erroneous statements and inaccurate quotations as those described that mischief is created and reputations suffer, and they act with double force when they emanate from men in Dr. Clouston's position. It is to rectify these errors that I write, and not to agitate the question of "forcible feeding." During thirty-two years' practice in private and public lunatic hospitals I have probably fed almost as many lunatic patients as Dr. Clouston; but, having stated my experience in this matter, I have nothing further to add than that

I am, Sir, yours respectfully,

JOHN HITCHMAN, M.D.,

Fellow of the Royal College of Physicians, London.

Cedar Cottage, Cheltenham, December 2nd, 1872.

THE FRENCH BOUGIE WITH LEADEN STYLET.

To the Editor of THE LANCET.

SIR,—When Mr. Teevan so far forgets the usages of civilised society as to employ contradiction in its directest form, and that unwarrantably, he places himself beyond the pale of reply from the person so addressed.

A very few words from me, therefore, will suffice to correct the misapprehension under which he evidently labours. If Mr. Teevan will reread the lecture in question, he will see that bougies with fired lead stylets were never spoken of as new, since they were supposed, as he says, to be known to everybody. Sir Henry Thompson only said that he had employed them with short *movable* stylets, "to be introduced at pleasure," so as to leave four inches of the end quite flexible, and as much more as one is pleased to make so by withdrawing the stylet. He did not even affirm that these were new, but I am bound to say I have never seen such before.

Secondly, Sir H. Thompson described an instrument of the form delineated as a "conical bougie with a small bulbous extremity."

Mr. Teevan is at the pains to write to THE LANCET to state that it is not conical, and places his denial in italics. Let any reader look at the woodcut and judge whether the instrument is or is not "conical," and also has a bulbous extremity. Sir H. Thompson simply described it as it is, in the plainest possible English, without any reference to the trade terms, which are also well known to everybody.

I am, Sir, yours obediently,

Upper Wimpole-street, W., Dec. 7th, 1872. JOHN FOSTER.

FIELD TOURNIQUET.

To the Editor of THE LANCET.

SIR,—Your valuable journal of the 25th ult. contains a description of the surgical instruments in the Museum of the Royal College of Surgeons, and the following very strong condemnation is made upon "a field tourniquet (Weiss's) as supplied to the British army in the Crimea, 1854, but found very inefficient." This implies that inefficient instruments were sent by me to the Crimea. I beg leave respectfully to explain that it was the principle of the field tourniquet, and not the quality, that was condemned. Weiss's field tourniquet is a modification of a very old instrument, by substituting for the buckle a more simple fastening, enabling anyone to apply the tourniquet with one hand on the opposite arm. This I have in a very great many instances during the last fifty years applied to many surgeons, by way of explanation, and I have sent several thousands to all parts of the world by order of the Army Medical Department, without a single objection or complaint. I do not wish to dispute the efficiency of the field tourniquet, that being best decided by medical officers who

have had experience in the field. Trusting that your well-known impartiality and sense of justice will excuse my asking the favour of the insertion of this explanation in THE LANCET, I am, Sir, yours respectfully,

Strand, Dec. 6th, 1872. J. F. WEISS.

THE MEDICAL SCHOOL AND THE PROFESSION OF LIVERPOOL.

To the Editor of THE LANCET.

SIR,—Your Liverpool Correspondent, in his letter in the issue of this day, evades the challenge to prove the accuracy of his statements, and attempts to justify his unfounded attack on the Medical School and the profession of Liverpool by an ingenious misapplication of the criticisms of Mr. Banks upon the indifference of cotton-brokers to the claims of science.

It is perfectly clear that your correspondent, however well informed on other local topics, knows but little of the Medical School and its doings. I therefore take leave to caution the readers of THE LANCET not to be misled by his opinions on that subject.—I am, Sir, yours, &c.,

Dec. 7th, 1872. A LECTURER.

BIRMINGHAM.

(From our own Correspondent.)

THE Town Council have, at last, had under discussion the appointment of a medical officer of health. They have persistently opposed such an appointment hitherto, but they could no longer avoid the question. They have decided on adopting a report presented by the Borough Inspection Committee, which recommends that the Council should appoint and pay the medical officer of health, refusing the offer of the Local Government Board to pay one-half of the salary. This committee further proposed that the offices of medical officer of health and borough analyst should be held by one person, at the handsome annual salary of £400! that the appointment should be only made for one year, and that the person holding it should be allowed to practise. These latter propositions have, fortunately, not as yet been carried; and it is to be hoped that they will not be, for, if so, the Public Health Act will be, as far as the Council have the power to make it, as useless and inoperative in this town as possible. The importance of the Act cannot surely be understood, and the value of such an officer must be held at a very low rate, or the Council would not offer so paltry a sum, and further endeavour to make him as little independent and useful as possible by permitting him to occupy his time in private practice.

Two of the Rivers Pollution Commissioners, Dr. Frankland and Mr. Chalmers Morton, are on a visit here, making inquiries as to the drainage from mining and metal works. They have visited many of the electro-plating, gilding, brass-founding, galvanising, and wiredrawing works, and at each of the places visited have taken away specimens of the refuse liquor discharged into the sewers. They have also visited the sewage farm, and tested the water discharged from the corporation works into the river Tame. Wolverhampton, and some of the other large towns of the Black Country, will shortly be visited and inspected by them.

The rate of mortality in the town is high, being 27 per 1000 last week, as against 25·2 and 24·3 in the two previous weeks. Scarlatina is the principal zymotic disease now prevalent. Small-pox is now very rare, and there are at present only twenty-five cases in the workhouse infirmary.

The students of Queen's College last week gave an amateur dramatic entertainment at Lovegrove's Assembly Rooms, for the benefit of the General and Queen's Hospitals. The performance of the amateurs gave great satisfaction to a large and appreciative audience.

At the Queen's Hospital, in a case of carcinoma ventriculi, vomiting was allayed by creasote. Thirty-four hours before death symptoms of peritonitis came on. The post-mortem examination showed scirrhus of both cardiac and pyloric orifices, encircling the entire organ and causing great hypertrophy and dilatation of it. The peritoneal cavity contained upwards of a gallon of fluid, which had escaped from the stomach by a rent one inch in length. There was also a scirrhous mass behind the spleen, but the other viscera were comparatively free.

Birmingham, Dec. 2nd, 1872.

NEWCASTLE-ON-TYNE.

(From our own Correspondent.)

THE annual Hospital Sunday collections were taken here for the most part on October 27th. The day was fine, and it is believed that the amount collected was very considerable, and will prove, when distributed, an important aid to our local medical charities. Boxes were placed at the various manufactories in order to give the workmen every facility for contributing, if so disposed. The total amount collected on this, our third Hospital Sunday, cannot yet be exactly known, but, so far, the amount acknowledged by the committee considerably exceeds £2000. Among the curiosities of the collection may be mentioned the large sum of £111 6*s.* 9*d.* received from a small chapel at Bulman Village, near here, belonging to the United Free Methodists, one gentleman of the congregation having placed the handsome donation of £100 on the plate.

It is now stated, in reference to the West Auckland poisoning cases, that Mary Ann Cotton, now a prisoner in Durham Gaol, charged with poisoning her stepson, will not be tried at the Durham Winter Assizes on account of her being far advanced in pregnancy. The father is supposed to be the unfortunate man named Joseph Nattrass, the lodger, who died on the 1st of April this year from the effects, it has been demonstrated, of arsenical poison. The county police, in addition to the analysis of Nattrass's viscera, are understood to be acquainted with the result of Dr. Scatterwood's analysis of the viscera of the other two children. But everything is held back in the present condition of the prisoner. The whole of the four cases, it is understood, will be matured and ready for trial at the Spring Assizes. No more attempts have been made to discover the body of the husband, Frederick Cotton; neither will anything be done with the Sunderland cases. The numerous deaths of children in the household of the man to whom the prisoner was married while she lived with him in the neighbourhood of Sunderland are surrounded with mystery. The woman will, however, be brought up and tried upon the four cases from West Auckland, and until they are cleared away no other proceedings will be instituted.

From the report of the Eye Infirmary here, it appears that during the last year 1244 patients have been under treatment, of whom 1089 were fresh admissions, and 155 remained from the former year; 951 have been cured, 125 relieved, 25 incurable, and 143 still under treatment. The surgeon, Mr. Jeaffreson, has pointed out in the local papers the very limited and inadequate accommodation afforded by the Eye Infirmary for important ophthalmic cases. It appears that the charity is too poor to board its patients, and this expense must be borne by the patients or those who recommend them. This is a state of things not at all creditable to a wealthy commercial and manufacturing district like ours, but which, we must hope, may soon be remedied. It should be mentioned that all poor patients applying at the hospital with diseases of the eye are admitted without recommendation, and the institution for many years has done good work in proportion to its means.

The honorary secretary of the new Ingham Infirmary at South Shields is appealing for funds to complete and open the building. It appears there is still a deficiency of £700. The sum would have been much larger had not Mr. Alderman John Williamson undertaken the whole cost of furnishing the infirmary for immediate use, at an expense of £1000. After this generous offer, the infirmary should soon get into operation.

A subscription has been set on foot here for the benefit of the widow of the late Dr. Walpole, whose lamented death from fever was noticed in your obituary of last week. I am happy to report that a very handsome sum has been raised in a short time, which speaks well for the liberality of our brethren here, and for the estimation in which they hold Dr. Walpole's memory.

Newcastle-on-Tyne, Dec. 11th, 1872.

BEST COPY AVAILABLE

THE COLLEGE OF SURGEONS.

At the meeting of the Council of the College of Surgeons on Thursday, the 12th inst., it was resolved to remove from the list of members the name of John Fletcher Fletcher, convicted at Lincoln in 1868 of abduction, and sentenced to two years' imprisonment. The consideration of the propriety of removing the name of Mr. Harry Lobb, in consequence of his having caused the insertion in the daily press of advertisements which were deemed unprofessional, was postponed to a special meeting of the Council in January.

Mr. Charles Hawkins gave notice of a motion condemning the system of frequently advertising professional works in non-medical journals as derogatory to the honour of the medical profession.

Mr. John Adams's resignation of his office of examiner on account of ill-health was accepted with an expression of regret; and the vacancy will be duly advertised and filled up on the 2nd of January.

Mr. Quain postponed his motion for a visitation of, and report upon, the metropolitan and provincial schools.

A return, showing the number of candidates who passed and were rejected in Chemistry at the Preliminary Examinations for the Membership and Fellowship in Dec. 1871, and June, 1872, was presented to the Council.

Medical News.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—The following Members, having passed the required examinations for the Fellowship on Nov. 21st, 22nd, and 23rd, were, at a meeting of the Council held on the 12th instant, duly admitted Fellows of the College:—

Clarke, Thomas Kilner, M.B. Cantab., Huddersfield; diploma of membership dated Jan. 1871.
Howell, Horace S., M.D. St. And., Great Dunmow, Essex; April, 1861.
Owen, Edm. Blackett, M.B. Lond., Cleveland-square; May, 1869.
Parker, Rushton, M.B. Lond., Kirkdale-road, Liverpool; April, 1869.
Pritchard, Urban, M.D. Edin., St. Paul's-road, Highbury; July, 1869.
Smith, Herbert Alder, M.B. Lond., Christ's Hospital; Jan. 1870.
Wall, Alfred J., L.R.C.P. Lond., South Lambeth-road; Nov. 1869.

Four candidates failed to satisfy the Court of Examiners, and were referred for one year to further professional study.

UNIVERSITY OF LONDON.—The following candidates have passed the recent examinations for the degrees named:

DEGREE OF M.S.
Aveling, Charles Taylor, St. Thomas's Hospital.
DEGREE OF B.S.
FIRST DIVISION.—Leonard Cane, Univ. Coll.; Rickman John Godlee, B.A., Univ. Coll.; William Smith Greenfield, Univ. Coll.
SECOND DIVISION.—Alfred John Wall, St. Mary's Hospital.

APOTHECARIES' HALL.—The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practise, on Dec. 5th:—

Deacon, Henry Pelham, Clapham.
Hickman, Richard, Newbury, Berks.
Juler, Henry Edward, Holborn.

As Assistants in Compounding and Dispensing Medicines:—
Bishop, Charles Henry, Woolwich.
Cunningham, Thomas, Chelsea.

YELLOW FEVER has broken out in the port and town of Pernambuco.

UNIVERSITY OF GLASGOW.—The total number of medical students attending the University during the present session is 324. Of these, 80 are of the first year.

DONATIONS, ETC., TO MEDICAL CHARITIES.—Mr. Robert Palmer, formerly M.P. for Berks, has bequeathed £5000 to the Royal Berkshire Hospital, Reading. Miss Christian Dickson has bequeathed £4000 to the Edinburgh Royal Infirmary. Mr. George Marley, of Upper Berkeley-street, has bequeathed £1000 each to the Middlesex Hospital, St. Mary's Hospital, the Hospital for Consumption, &c., Brompton, and University College Hospital. The Infirmary for Epilepsy and Paralysis, Portland-terrace, has received another £1000 from "G. S." The Royal National Hospital, Ventnor, has received the following donations:—From the Mercers' Company, £105; from the Grocers' Company, £100; and from the Leathersellers' Company, £10 10s.

Medical Appointments.

ATKINSON, R., M.R.C.S.E., has been appointed Medical Officer for the Ripponden District of the Halifax Union, vice J. Robinson, M.R.C.S.E., resigned.

BARBER, O., M.R.C.S.E., has been appointed an Assistant House-Surgeon to the General Infirmary, Sheffield, vice Floyer, resigned.

DENNY, Dr. C. J., has been appointed Medical Officer and Public Vaccinator for the District of Farnborough, in the Hartley Wintney Union, vice Hedges, resigned.

EVANS, J. T., jun., M.D., C.M., L.R.C.P.L., M.R.C.S.E., has been appointed (temporarily) Medical Officer to the Hertfordshire Gaol, Hertford, vice J. Davies, M.D., deceased.

FARR, A., L.R.C.P.Ed., has been appointed Chloroformist to the Charing-cross Hospital, vice P. Marshall, F.R.C.S.E., resigned.

FORD, T. H., L.R.C.P.Ed., L.R.C.S.Ed., has been appointed Assistant-Surgeon to the Leith Hospital, vice D. J. Mackenzie, M.B., C.M., resigned.

HARDING, Miss S. M., has been appointed Dispenser to the Birmingham and Midland Hospital for Women.

HARRIS, J. D., L.R.C.P.L., M.R.C.S.E., has been appointed a Surgeon to the Exeter Dispensary.

HILL, A., L.S.A.L., has been appointed Medical Officer and Public Vaccinator for the Green Hammerton District of the Great Ouseburn Union, Yorkshire, vice Clarkson, whose appointment has expired.

HUTCHISON, H. S., L.R.C.P.Ed., M.R.C.S.E., has been appointed Medical Officer to the Amalgamated Friendly Societies' Medical Association, Derby.

JONES, R. A., M.R.C.S.E., has been appointed Admiralty Agent and Surgeon to the Coastguard Station at Carnarvon, also Certifying Surgeon under the provisions of the Factories Acts, both vice Wm. Maugham, M.D., deceased.

LITTLE, J., M.D., F.K.Q.C.P.I., L.R.C.S.I., has been appointed Professor of the Theory and Practice of Medicine, Royal College of Surgeons, Ireland, vice C. Benson, M.D., resigned.

LUSH, W. J. H., M.R.C.S.E., has been appointed (*pro tem.*) Resident Medical Officer to the St. George's, Hanover-square, Dispensary.

MAC NAMARA, P., M.D., L.R.C.S.I., has been appointed Medical Officer, Public Vaccinator, and Registrar of Births &c., for the Galbally Dispensary District of the Mitchelstown Union, Co. Cork, vice O'Brien, resigned.

MEADOWS, G. F. W., M.R.C.S.E., has been appointed Medical Officer and Public Vaccinator for District No. 4 of the Woodbridge Union, Suffolk, vice G. F. Meadows, M.R.C.S.E., resigned.

REARDON, T., L.K.Q.C.P.I., L.M., L.R.C.S.I., has been appointed Medical Officer, Public Vaccinator, and Registrar of Births &c., for the Kildorrery Dispensary District of the Mitchelstown Union, Co. Cork, vice R. H. Rogers, L.R.C.P.Ed., M.R.C.S.E., resigned.

SAVORY, Mr. A. H., late Surgeon to the Charing-cross Hospital, has been appointed House-Surgeon to the Royal Westminster Ophthalmic Hospital, vice Mr. H. Hex, resigned.

SNELL, J., L.R.C.P.Ed., M.R.C.S.E., has been appointed Medical Officer and Public Vaccinator for the Holme District of the Howden Union, Yorkshire, vice Dew, deceased.

STEPHENS, T. P., L.R.C.P.Ed., L.F.P. & S. Glas., has been appointed Medical Officer for District No. 1 and the Workhouse of the Westbourne Union, and for District No. 3 of the Havant Union, vice Bennet, resigned.

TURNER, J., M.D., M.R.C.S.E., has been appointed Medical Officer to the Leicester Provident Dispensary, vice G. Abbott, L.R.C.P.L., M.R.C.S.E., resigned.

WOODMAN, J., F.R.C.S.E., has been appointed a Consulting Surgeon to the Exeter Dispensary.

Births, Marriages, and Deaths.

BIRTHS.

FARRINGTON.—On the 5th inst., at Penshurst, the wife of W. H. Farrington, M.D., of a son.

JESSETT.—On the 8th inst., at Pier-road, Erith, the wife of Frederic B. Jessett, M.R.C.S.E., of a daughter.

LOWNDS.—On the 10th inst., at Egham-hill, the wife of T. M. Lownds, M.D., of a son.

RICHARDSON.—On the 5th inst., at Commercial-road East, the wife of T. Richardson, M.R.C.S.E., of a son.

MARRIAGES.

ADAMS—MOORE.—On the 8th inst., Edward John Adams, M.R.C.S.E., L.M., L.S.A., Medical Officer to St. Matthew's Infirmary, Bethnal-green, to Sarah Catherine, daughter of the late Dr. Edward Moore, of Victoria-park.

CAREW—OLDHAM.—On the 5th inst., at West Hartlepool, Arthur Hutchinson Seaton Carew, second son of Mr. Thomas Hutchinson, J.P., of Howden Hall, near Stockton-on-Tees, to Edith Wright, eldest daughter of Riton Oldham, J.P., F.R.C.S., of West Hartlepool.

SUTCLIFFE—MAUD.—On the 3rd inst., at All Saints', Beulah-hill, Norwood, W. Greenwood Sutcliffe, M.R.C.S.E., of Ashville-place, Battersea-park, to Marion Elizabeth, daughter of the late Captain Maud, H.G.A., of York House, Thornton-heath, Croydon.

DEATHS.

KIDGER.—On the 4th inst., A. A. Kidger, M.R.C.S.E., Resident Medical Officer to the Infirmary and Dispensary, Newport, Monmouthshire, aged 36.

MAUGHAM.—On the 23rd ult., W. Maugham, M.D., of Northgate House, Carnarvon, aged 40.

MORGAN.—On the 9th inst., William P. Morgan, F.R.C.S.E., of Bristol, aged 72.

THOMPSON.—On the 11th inst., at Jarrow-on-Tyne, Robt. Farrer Thompson, M.D., M.R.C.S., L.M., aged 46.

Medical Diary of the Week.

Monday, Dec. 16.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
ST. MARK'S HOSPITAL.—Operations, 2 P.M.
METROPOLITAN FREE HOSPITAL.—Operations, 2 P.M.
MEDICAL SOCIETY OF LONDON.—8 P.M. Open night.—Dr. Farquharson, "On a Case of Traumatic Pericarditis."—Mr. H. Royes Bell, "On a Case of Tumour of the Forearm."—Dr. J. T. Dickson, "On a Case of Traumatic Epilepsy treated successfully by Trephining."—Other communications by Messrs. Adams, R. B. Carter, and Davy.
SOCIETY OF ARTS.—Cantor Lecture, by Dr. Meymott Tidy.

Tuesday, Dec. 17.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
GUY'S HOSPITAL.—Operations, 1½ P.M.
WESTMINSTER HOSPITAL.—Operations, 2 P.M.
NATIONAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
ROYAL FREE HOSPITAL.—Operations, 2 P.M.
WEST LONDON HOSPITAL.—Operations, 3 P.M.
PATHOLOGICAL SOCIETY OF LONDON.—8 P.M. Report by the Morbid Growth Committee on Mr. Nunn's Tumour of the Liver. The following Specimens will be exhibited:—Aneurism of the Aorta associated with Paralysis of the Vocal Cords; Stomach from a Case of Poisoning by Hydrofluoric Acid; Specimens from a Case of Poisoning by Carbolic Acid; Drawings from the Fungus Disease Mycetoma of India; Drawings of the Eruption in Leprosy; Heart Clot from a Case of Sudden Death; a Milk-yielding Tumour of the Breast; a Varix; an unusual form of Femoral Hernia; Supernumerary Pulmonary Valve; Syphilitic Tumour of the Gall-bladder associated with Peritonitis; &c. &c.

Wednesday, Dec. 18.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
MIDDLESEX HOSPITAL.—Operations, 1 P.M.
ST. GEORGE'S HOSPITAL.—Ophthalmic Operations, 1½ P.M.
ST. MARY'S HOSPITAL.—Operations, 1½ P.M.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
ST. THOMAS'S HOSPITAL.—Operations, 1½ P.M.
KING'S COLLEGE HOSPITAL.—Operations, 2 P.M.
GREAT NORTHERN HOSPITAL.—Operations, 2 P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.
LONDON HOSPITAL.—Operations, 2 P.M.
SAMARITAN FREE HOSPITAL FOR WOMEN AND CHILDREN.—Operations, 2½ P.M.
CANCER HOSPITAL.—Operations, 3 P.M.

Thursday, Dec. 19.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ST. GEORGE'S HOSPITAL.—Operations, 1 P.M.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.
ROYAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.

Friday, Dec. 20.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
GUY'S HOSPITAL.—Operations, 1½ P.M.
ROYAL SOUTH LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.

Saturday, Dec. 21.

HOSPITAL FOR WOMEN, Soho-square.—Operations, 9½ A.M.
ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
KING'S COLLEGE HOSPITAL.—Operations, 1½ P.M.
ROYAL FREE HOSPITAL.—Operations, 2 P.M.
CHARING-CROSS HOSPITAL.—Operations, 2 P.M.

Notes, Short Comments, and Answers to Correspondents.

A DARNING-NEEDLE IN THE BACK.

Dr. Newcombe, of Gateshead, sends us the interesting particulars of a case of which he was reminded by reading Dr. Preston's case recently reported in THE LANCET. Dr. Newcombe's patient had been thrown down stairs by a drunken husband. The next morning, in addition to numerous bruises, there was a small hard swelling over the spinous processes of the lower dorsal vertebræ. The tumour came and went in an odd way as she stooped or lay flat down. Finally, being painful, especially when the dress pressed upon it, she agreed to have it opened, and nothing could be discovered; but the next morning a foreign body was found sticking out of the wound, and with a pair of forceps Dr. Newcombe drew out a darning-needle four inches long, which had been lying flat against the spinal column, point downwards. The woman was incredulous; but at length remembered that her dress was fastened behind with the identical needle on the day of the fall. The shock of the fall had prevented her feeling its entrance.

Surgeon.—The production sent us is a remarkable one, but not one on which a prosecution could be well founded.

A Parish Doctor will find an article on the subject in our present number.

THE LONDON WATER SOFTENER.

THIS preparation, made by Messrs. Clift and Crow, of Lewisham, is intended to afford families and laundresses the means of removing that part of the hardness of water which is due to the carbonates of lime and magnesia. These carbonates, insoluble by themselves, are held in solution by free carbonic acid. When the carbonic acid is removed, either by boiling or by neutralisation, the carbonates are precipitated, and hardness of this kind is therefore known technically as "temporary hardness." In the water supplied by the Kent Company, which may fairly be taken as a standard for chalk waters, this temporary hardness is commonly equal to about 14 grains of chalk per gallon. The solution sold under the above title is to be added to such water in the proportion of half a fluid ounce to every gallon. We have analysed the solution, and there can be no doubt that, under the conditions indicated, it will in the course of a few hours remove all temporary hardness from the water. The solution will, no doubt, be useful on account of the great ease and accuracy with which it can be applied; but it is right to point out that temporary hardness can also be removed by lime, and all hardness by carbonate of soda, at a trifling cost.

Mr. H. Chipperfield, (London-wall.)—We must decline expressing any opinion of the professional merits of the individual named.

ALOPECIA OF THE WHOLE BODY.

To the Editor of THE LANCET.

SIR,—I send you the following case, and shall be glad to hear if any of your readers have met with similar ones, and with what results as to treatment.

A lady, aged twenty-eight years, married seven years, has had in that time six children and one miscarriage; all the children particularly strong and healthy. Three months after her fifth confinement the hair began to fall off from the top of the head, leaving a circular patch, which gradually spread; soon eyebrows and eyelashes began to follow, and in less than four months every vestige of hair had left the body. The nails as well took on an altered character, looking striated and picked, and somewhat of a yellowish colour. The hair, of which there was a great abundance and very strong, did not lose its natural gloss; but a quantity of gelatinous matter adhered to the bulb as it was withdrawn, and as each hair became diseased, redness appeared round the base. The constitutional symptoms attending were, frequent nervous headaches, a puffiness of the face, with general lassitude and depression. Unfortunately, at this time my patient again became pregnant, and last August gave birth to a fine healthy girl with an excellent crop of hair. The treatment has been steel and arsenic taken for long periods, with cold sponging and friction to the head. The general health is now good, and, excepting for the loss of hair, she looks and feels perfectly well. The nails are still striated and picked, but they are firm and shining. It is now fifteen months since the hair came off, and there is at present no appearance of any beginning to start.

I have only met with one exactly similar case, and one which gives me hope that I need not quite despair yet. A married woman, no family, with very long, black, strong hair, without any accountable reason, suddenly began to lose it, and in a few months had lost all the hair from her body. Her general symptoms were the same, and, without any treatment whatever, in about nine months the hair began to grow again, and she has now as fine a head of hair as she had before, and of the same colour.

I should be very glad indeed to hear of any other cases, and what are the chances of my patient now, after fifteen months, getting back nature's great adornment.

I am, Sir, yours truly,

December, 1872. L.R.C.P.

*** Our correspondent will find some useful hints, as to the treatment of the affection to which he refers, in various communications that have appeared in THE LANCET from time to time—e. g., vol. ii., 1865, page 393; vol. i., 1867, pages 503 and 556.

Alpha.—The names of such persons are generally ordered by the General Medical Council to be erased from the Register. This does not prevent them from practising; but it deprives them of all medical status in the eye of the law.

Dr. Edwin Rickards (Birmingham General Hospital) has omitted to enclose the paragraph to which he alludes.

THE DRUITT TESTIMONIAL FUND.

MR. HAYNES WALTON, the Treasurer, begs to acknowledge the receipt of the following sums since Wednesday, the 4th of December:—

	£	s.	d.
A Friend	50	0	0
Mr. James B. Hope Scott	21	0	0
Mr. Octavius E. Cooper, Brentwood	10	0	0
From three Ladies and a Gentleman, by Mr. B. Yeo	5	1	0
Mr. John Churchill, jun.	5	5	0
Mr. Augustus Churchill	5	5	0
Mr. Walter G. Phillimore	5	5	0
Dr. Chepmell	5	5	0
Mr. Thomas Bryant	3	3	0
Dr. Hawksley	3	3	0
Messrs. Dymock & Guthrie, Edinburgh	3	3	0
Dr. Ed. Ballard	2	2	0
Dr. H. Maudsley	2	2	0
Mr. F. Manby Sims	2	2	0
Dr. R. Jackson, Oxford	2	2	0
Mr. Walter Coulson	2	2	0
Mr. Alfred Woodhouse	2	2	0
Messrs. Trapp & Sons	£2	2	0
Dr. Latham, Cambridge	2	2	0
Dr. Jas. Bankart, Exeter	2	2	0
Dr. Park, Boston, U.S.	2	2	0
Dr. Thos. B. Peacock	2	2	0
Dr. Murchison	2	2	0
Mr. Gaskoin	2	2	0
General Water Purifying Company	2	2	0
Mr. R. Hall	2	2	0
Dr. Hermann Weber	1	1	0
Mr. Henry Morris	1	1	0
Mr. Wm. Dickinson	1	1	0
Dr. W. H. Day	1	1	0
Dr. Cumberbatch	1	1	0
Dr. Wm. Ogle	1	1	0
Dr. Markham	1	1	0
Dr. Roth	1	1	0
Dr. Sturges	1	1	0

Subscriptions may be sent to the Treasurer, Mr. Haynes Walton, 1, Brook-street, Hanover-square; the Secretary, Mr. A. Norton, 6, Wimpole-street; or may be placed to the account of the "Druitt Testimonial Fund," Union Bank, Argyle-street, Regent-street. Amounts received will be acknowledged in one or more of the medical journals.

MILITARY INVALIDS.

A CONTEMPORARY, under this heading, notices a subject to which attention had already been directed in that section of the last Medical Department Blue-book containing the Reports from Netley Hospital. It is a matter of regret to the medical authorities that neither they nor their patients get fair play. The hospital forms the head centre for our invalid soldiers coming from all parts of the world, and from India especially. These invalids arrive in batches of several hundreds at a time. The accommodation at Netley, large as it is, is yet, of course, limited, and it follows that patients have to be discharged whilst still ineffective, who might by a longer stay in the hospital and further treatment prove effective; and, further, it commonly happens that soldiers on being declared fit for service are forwarded to India—to that climate where they contracted the diseases for which they were originally invalided. Malarious fevers being notoriously somewhat intractable and prone to relapse, it follows that the subjects of such diseases require a much longer stay in this country than they get to re-establish their health. The subject is one of much difficulty. The requirements of the Indian Government are such that they are not by any means easily met; and it consequently happens not only that young recruits are sent to India, but invalid soldiers are often returned thither before they should be.

Mr. Thomas B. Gibb, (Exeter.)—We cannot forward private answers, and it is contrary to our practice to nominate any practitioner.

REMARKS ON AGUE.

To the Editor of THE LANCET.

SIR,—Ague, either in the quotidian, tertian, or quartan form, occurs under certain conditions, inducing malaria in many localities, but is highly prevalent in marshy districts, where the population is generally subject to derangement of the liver and spleen, and the result in many of these cases is fever, either intermitting or remitting. This I have found to be the case in Romney Marsh, where I have practised for many years, and treated many hundreds of cases. The district when I first knew it had its accumulation of attacks in the spring and autumn, at which times the ditches were passing from the wet to the dry state, and *vice versâ*; but during the last few years, from the drainage having become so very much more perfect, a most important improvement has taken place in the healthy action of the liver and spleen, and a consequent diminution of remittent and intermittent fever.

So far as my experience has gone, I consider as the primary cause of ague some organic derangement has generally existed, and predisposed to the attack; and in their successful treatment it is absolutely necessary, in the first place, to direct attention to the secretion of those organs, and having improved their action, the great sheet-anchor—quinine—will, with very few exceptions indeed, effect a cure. In practice, then, in one of those cases which are called inveterate ague, if the attack does not succumb to quinine after a reasonable time, I feel sure there will be found some organic mischief, without the removal of which any of the usual ague specifics will be powerless. The old idea about charms I think perfect nonsense. How will they act with young children, amongst whom a large number of cases occur, often of an obstinate character? And, again, the idea of altering the clock to deceive the patient as to the time for the return of the paroxysm to take place appears to me, as far as I have seen, entitled to as little notice, as in many instances the hour of the return varies considerably. It has frequently been remarked to me on seeing a case, "I thought yesterday I should have missed it, as I did not get the chills until three or four hours later"; whilst others have stated that the last attack had been some hours earlier. I cannot, therefore, consider that any of these old and long-continued cases, if properly treated, would occur unless from some structural derangement of the organs existing, and I am at a loss to understand how charms or clock-altering can produce healthy action in an organ merely from the force of the imagination; at all events in my experience I have found the plan I have pursued has rendered all such peculiar means unnecessary. In speaking of quinine, however, as the sovereign remedy, I must not be understood to mean that there may not be instances where, from some peculiar idiosyncrasy, it may fail from the patient's inability to take sufficient doses without affecting the head, and in some few cases producing diarrhœa; but even then there will generally be found some irritating cause which wants removing, and after that has been done smaller doses combined with the solution of arsenic or tincture of the sesquichloride of iron will almost always be successful. During the treatment of an obstinate case I find it necessary to give every second or third night a couple of alterative pills, consisting of small doses of blue pill, ipecacuanha, rhubarb powder, and extract of hyoscyamus.

I do not for one moment suppose that I have been stating anything original in the foregoing remarks. At the same time, as I have had unusual opportunities of seeing fevers of the intermitting and remitting forms in all their phases, I trust it may not be unacceptable to note the plan of treatment I have proved particularly successful during more than a quarter of a century; and, in conclusion, I may add that I am strongly impressed with the idea (I was going to write the fact) that ague is not so much a specific disease *de novo* as one produced by certain organic disturbance from malarious influence, and that its cure must be effected by first removing the cause, and then the commonly used remedies, especially quinine, will not fail in quickly putting a stop to the peculiar paroxysms of intermittent fever.

Yours obediently,

New Romney, Kent, Dec., 1872. BENJAMIN WOOD, M.R.C.S., &c.

A COATING FOR PILLS.

A CORRESPONDENT would feel obliged by being made acquainted with a formula for a coating for pills to be used in ordinary daily dispensing.

INFANTILE PARALYSIS.

To the Editor of THE LANCET.

SIR,—I am in the habit of using, I think with advantage, solution of extract of ergot in chronic cases of this disease, beginning with five-minim doses three times a day for infants, and increasing the dose to ten.

Yours, &c.,

Birmingham, Dec. 7th, 1872. W. F. WADE, F.R.C.P. Lond.

A CASE FOR HELP.

WE recorded last week the very premature death of Dr. Walpole, of Newcastle, from typhoid. He had not been married more than two years, and leaves his widow with one child, and the prospect of another very speedily. *Semper paratus* should be the motto of all husbands, and especially of all medical men. But it is not very remarkable that so young and hearty a man as Dr. Walpole was should not have forecast the fate that has befallen him. As a matter of fact, his widow is in urgent need of help. Her situation and her youth make her case worthy of the consideration of all who are devising kindly things for the fatherless and widow, and whom Christmas is likely to find in happy and undesolated homes. We shall be glad to receive any contributions towards her help. One of the last things Dr. Walpole did was to protest against the causes of typhoid fever in Newcastle. Let us hope that his death, if not his words, may rouse the sanitary authorities to their duty.

A CASE OF NERVOUS DISEASE, WHICH SIMULATED LOCOMOTOR ATAXY, FOLLOWING DIPHTHERIA.

To the Editor of THE LANCET.

SIR,—During the latter part of September of the present year I had under my care a little girl, aged about five years and nine months, who was suffering from a mild attack of diphtheria, from which she readily recovered. After an interval of nearly five weeks from the time I saw her last, I was again sent for to see her, because, as the parent expressed it, "she made such queer movements in walking." Upon entering the room where she was, I was immediately struck by her peculiar attitude in the erect posture; it was precisely that of one with Duchenne's paralysis. Her head and shoulders were thrown back, her abdomen was protruded, while the buttock projected backwards. Upon requesting her to walk, I was no less struck by her movement, which was very much like that of one with locomotor ataxy. Apparently there was great want of co-ordination; her gait was staggering, yet she did not drag her feet. Upon examination, I found no paralysis of any limb. There was no loss of sensation, so far as I could ascertain. She is very retiring and bashful, and therefore difficult to manage. Many points upon which I could have desired more exact information could not be made out satisfactorily; for instance, whether she could maintain the upright posture while her eyes were closed and her feet brought together, whether there was any impairment of sensation, and to what extent. There was facial paralysis; her speech was quite indistinct.

I mentioned the case to my friend Prof. F. T. Miles, and requested him to see her with me. He pointed out various phenomena, in which the case deviated from one of locomotor ataxy. He asked her to place her foot upon a low stool, while she supported herself by a table. This she did with each foot in succession, without showing any want of co-ordination. Requesting her to pick up some object placed at her feet upon the floor, she exhibited considerable difficulty in attempting to rise. The mother also stated that if she was lying on the floor she had great difficulty in getting up, unless she could assist herself by the aid of her arms in catching hold of a table, chair, or other object. The diagnosis arrived at was, that she had paresis of some of the muscles of her spinal column, probably the erector spinæ. This satisfactorily explains the various phenomena observed, her attitude while standing, her unsteady gait, &c.

The patient is rapidly recovering under the use of strychnia, iron, and quinine, with cod-liver oil; stimulating frictions were also ordered to her spine.

I remain, Sir, yours, &c.,

Baltimore, U.S.A., Nov. 8th, 1872. WM. C. KLOMAN, M.D.

INHALING APPARATUS.

Dr. J. Williams, of Malvern, writes to us to say that he had more than a year ago anticipated in an invention the best points in Dr. R. Lee's inhaler, as given in our issue of the 7th instant under the head of "New Inventions."

THE NEW PUBLIC HEALTH ACT.

To the Editor of THE LANCET.

SIR,—Will you excuse me if I look at a public question from a purely selfish point of view. Everybody, at least every governing body (whatever may be its politics) looks after Dowb; and as I am my own Dowb, without anyone to look after me, what can I do but appeal to the public to watch my interests?

I am not satisfied with Mr. Stansfeld's answer to the deputation from the Kent and Sussex Branch of the British Medical Association with regard to the appointments made to the vacant inspectorships under the new Public Health Act. I need hardly say that I am dissatisfied, principally, because I see no chance of getting one of the inspectorships myself. I know perfectly well that if any scheme could be proposed by which the whole human race could be made fit for and despatched to eternal happiness by the year 1874 (let us say), all our public men would honestly and conscientiously endeavour to secure so desirable an end; and I know also that after the first thought of "how glorious a privilege to do so glorious a work!" the second thought would be, Can't I provide for dear old "Brown," "Jones," or "Robinson," or their sons and nephews, by a few lucrative appointments between '72 and '74, while the necessary arrangements are being made for everybody to go to heaven? This is human nature, Tory, Liberal, or Chartist; and I do not expect human nature to be annihilated, but I should like it to be indulged with a due regard to decency. Mr. Stansfeld, if I understand him, says he would not dream of giving a medical appointment to a non-medical man; but that there are various appointments in connexion with the administration of the Act which are non-medical. What Mr. Stansfeld did do was simply this: In order to leave the Poor-law inspectors (a proportion of whom *were* medical men) free to negotiate the new arrangements between the Imperial and Parochial Boards, he appointed some assistants to relieve them from their old routine work. Here heaven was clearly in his eye, and he looked towards the good of the whole human race. But I want to ask, who were the gentlemen so appointed, or at least *what proportion* of them were of the medical profession? Of course when inspectorships are going with salaries attached to inaugurate even a Health Act, there is no reason why doctors should have *all* the pickings; but for common decency's sake give them a fair share!

Yours truly,

December, 1872. NUMBER ONE.

BEST COPY AVAILABLE

An Epidemiologist.—We concur with our correspondent in thinking it essential that we should not confine ourselves to one aspect or method of inquiry in studying epidemics. No doubt the area of observation cannot be too wide if we desire to possess a record worthy of a scientific method; but we venture to doubt whether we are likely to obtain in this way the practical or useful information that we might gain by a clinical study of diseases on a smaller scale. We lose in exactitude more than we gain in extent. The number of facts, as well as the inexact nature of many of them, rather tend to embarrass than enlighten. We want more careful and patient investigations, conducted on the spot and at the time by persons of ability possessed of the requisite scientific training.

H. P. C.—We are unable to afford the information; but it might be obtained by means of an advertisement.

A CASE OF TRAUMATIC TETANUS; OPERATION; RECOVERY.

To the Editor of THE LANCET.

SIR,—As amputation is not generally considered justifiable in traumatic tetanus, the following case may interest the profession.

T. T——, aged twelve, crushed the tip of his middle finger in a door. The nail was wrenched off, and the ungual phalanx very slightly exposed, but not broken. Water-dressing and rest in a sling were ordered. Nearly thirty-six hours after the injury traumatic tetanus set in, and on examination the finger was found to be much swollen and infiltrated in the region of the wound. Chloroform being administered, the finger was amputated at the second phalanx; a single suture and strip of plaster being applied in the middle of the flap, to avoid the lateral nerves, and water-dressing used. The wound healed kindly, and the patient is now quite well.

As the nervous irritation was due to the local injury—possibly crushed nerves or the unhealthy and irritable state of the wound,—and as anæsthesia was necessary to arrest the tetanic spasms, the substitution of a healthy and non-irritable wound for an unhealthy and irritable one was deemed justifiable.

I am, Sir, yours, &c.,

Warbleton, November, 1872. ALFRED H. HACKNEY, M.R.C.S.

Retired R.N.—We would suggest the following as among those best suited for the purpose alluded to by our correspondent: Erichsen or Bryant's Surgery; Carpenter or Kirkes's Physiology; and Gray's Anatomy, by Holmes, or some other standard book of the kind; to which we would add Heath's Manual of Dissections; and Prof. Roser's little volume on Surgical Anatomy, translated by Galton. The last-named work is one of Renshaw's series.

FOREIGN DEGREES.

To the Editor of THE LANCET.

SIR,—With reference to the remarks of "R. H., M.D. *not* of Giessen," upon the worthlessness of German medical degrees being demonstrated by the fact that they are not accepted as legal qualifications to practise in Germany, may I be permitted to remind him that statistics laid before our own Medical Council as to the practical acquirements of certain legally qualified British physicians and surgeons—some, I fear, even University graduates,—as tested by Dr. Parkes and other examiners for the army medical service, have led many thoughtful men to regret that a "Staats examen" is not in this country required for civil as well as for military practitioners. In Germany, as in Great Britain, there are, of course, first, second, and third class Universities, and I will not presume to attempt to place in its appropriate class either Giessen or the unknown *alma mater* of "R. H."; but this I will say, that, being myself an English surgeon as well as a German graduate, I am so far conscious of the superior examinational value of the foreign parchment that, if any immolation is to be effected, the Lincoln's-inn-fields document shall have the precedence in the flames.

Yours truly,

December, 1872. ANOTHER GERMAN GRADUATE *not* OF GIESSEN.

J. W. B.—1. Wanklyn and Chapman's Water Analysis; Sutton's Volumetric Analysis. — 2. Hassall's Food and its Adulterations; Letheby's Lectures on Food. — 3. Angus Smith's Air and Rain; Müller's Elements of Chemistry, vol. ii.—4. We do not know to what our correspondent refers.

DISLOCATION OF THE HUMERUS.

To the Editor of THE LANCET.

SIR,—During the five years I held the office of house-surgeon to the Sheffield General Infirmary I very frequently employed the method (by jack-towel close hitch applied above the elbow) recommended by Mr. G. Bland in your last number, for dislocation of the humerus occurring in muscular men after the ordinary methods had been unsuccessfully tried. It is an admirable plan, and I never in one instance failed to reduce a recent dislocation by this means without the aid of chloroform, and I must have employed it at least a dozen times during my tenure of office. The traction, however, should not be too forcible, but steadily persistent, so as gradually to tire and induce relaxation of the muscles, and so allow the bone to be released from its false position, when reduction readily follows.

Yours faithfully,

Rotherham, December 10th, 1872. HENRY JOHN KNIGHT.

Surgeon, Bengal Army, (Sydenham.)—We do not know where the necessary instruction in all the various details alluded to could be obtained. To a certain extent it is furnished at the Government School of Mines, and still further in the course of Practical Hygiene at Netley. Our correspondent might address his inquiries to Prof. Parkes, Netley.

FEEDING BY THE NOSE.

To the Editor of THE LANCET.

SIR,—Absence from home and a subsequent multiplicity of professional engagements have prevented me answering the numerous letters on the above subject that have appeared in your journal since the publication of my last article. I shall, however, as soon as possible endeavour to answer objectors, and show the inaccuracy of many of their statements.

Yours truly,

Turnham-green, December, 1872. D. ANDERSON MOXEY, M.D.

Mr. J. Reardon, (Dewsbury.)—We do not return private answers. In addition to the institutions named, there is the hospital at Ventnor, Isle of Wight, and that for Diseases of the Chest at Victoria-park.

A CORRESPONDENT desires to learn whether there be any means of checking axillary sweating. He has tried Dr. Druitt's suggestion, which proved ineffectual.

A RELIC.

To the Editor of THE LANCET.

SIR,—It is an interesting fact, and one of which very many of your readers may be unaware, that the prefix which we daily place at the head of our prescriptions, imagining it to be the letter R as representing the word *recipe*, is, in reality, a relic of superstition. To planetary influence from the most ancient periods the very successful effects of the healing art were ascribed, and it was usual to prefix to receipts the symbol of the planet under whose reign the ingredients were to be collected. The astrological symbol of Jupiter was subsequently invariably employed, and has now been disguised by the addition of the down stroke, the cloven foot (℞) alone remaining as the tell-tale of its superstitious origin. Such is the history of what we usually prefix at the head of every prescription, and is worth knowing as an interesting fact, a link still binding together the present and the past, a relict of the dark days of physic. (*Vide* Dr. Paris, Pliny, &c.)

Wonderful, is it not, Sir, what credulity has been evinced with regard to medicine at every period of the world's history; nor, indeed, can we feel surprised that superstition should predominate, mankind being enveloped in ignorance, when now, under the enlightened auspices of advanced science and erudition, charlatanism and quackery should still be tolerated by the polished circles of refinement as well as by the uneducated and vulgar—nay, even advertised in our public press, at the expense of the morals of the wives and daughters of our land.—Faithfully yours,

Drogheda, December, 1872. FRANCIS E. CLARKE, B.A., M.B.

Q. E. D.—The fee of one shilling for advice, including medicine, is small; but seeing that it is a homœopathic institution, the medicine cannot be of much value, and the advice possibly of less.

A MOUNTAIN RACE AND ITS CONSEQUENCES.

To the Editor of THE LANCET.

SIR,—Happening to be near Grasmere (Westmoreland) in August, I went over to see the sports that take place there every year. They consist of wrestling, jumping, running, &c., and draw competitors from the neighbouring counties. Amongst the sports is one which, even to an unscientific observer, must appear to be of a very trying character. It is called the "Guide's Race," and the course is up and down the Silver How Mountain. The winner of the race this year performed the feat in about twenty-two minutes; and when he arrived at the winning-post he threw himself down on the ground, utterly exhausted, and was afterwards helped into the dressing-tent by a friend. The result of such a strain on the circulation is shown by two of the winners of that race in previous years having disease of the heart in consequence. The prizes for these sports are given by people of influence and education, and it seems to me a monstrous thing to tempt men to risk the health of a life-time by offering a prize for a mountain race.

Yours, &c.,

C. T. WINCKWORTH, M.R.C.S., &c.

Old Steine, Brighton, Nov. 26th, 1872.

In consequence of great pressure on our columns, we have been compelled to omit a number of advertisements, which will appear in our next issue.

COMMUNICATIONS, LETTERS, &c., have been received from — Baron Liebig, Munich; Prof. Parkes, Netley; Mr. Haynes Walton; Mr. Spencer Watson; Dr. Lush, M.P., Salisbury; Mr. Jeaffreson; Dr. B. Yeo; Mr. Johnston, Stoneyford; Dr. C. M. Tidy; Dr. Steele; Mr. A. H. Savory; Dr. Laffan, Cashel; Mr. Whitefield; Dr. Sawyer, Birmingham; Dr. Buck; Mr. Hind; Mr. Gibbs; Mr. Steans, Cork; Mr. Hinton, Portobello; Mr. Rickards, Newcastle; Dr. Wade, Birmingham; Mr. Robinson, Burnley; Mr. Fryer, Huntingdon; Mr. Bagshawe; Mr. R. Simpson; Mr. James, Stratford-on-Avon; Mr. G. Hartridge, Shrewsbury; Mr. J. B. Smith; Mr. J. Armfield; Dr. Hyslop, Church Stretton; Mr. Chapman, Liskeard; Mr. Edwards, Abbey Wood; Mr. Houlston; Mr. Watkins, Worcester; Mr. R. A. Jones, Carnarvon; Dr. Rohan, Marseilles; Mr. Rennison, Carlisle; Mr. R. Brown; Mr. Purnell; Mr. Green, Tisbury; Mr. Martin; Mr. Blayney; Dr. Booth, Oswaldtwistle; Mr. James, Snitterfield; Mr. Hargreaves; Dr. Williams, Croydon; Mr. Henshaw, Oldham; Mr. Mordaunt, Derby; Mr. Richardson; Mr. Corbould, Stamford; Dr. Moxey, Turnham-green; Mr. W. Hampton, Wrexham; Dr. Moir; Mr. Weiss; Mr. Knight, Rotherham; Dr. Rogers; Mr. Coleman, Biggleswade; Mr. Sutcliffe; Dr. GreatRex; Mr. Harrison, Sheffield; Mr. Baker; Mr. Elkins; Mr. Crosswell, Sherstone; Mr. Rayner; Mr. Gibson; Dr. A. Mackintosh, Callington; Mr. Hitchcock; Dr. Pearse, Wellington; Dr. Gale, Manchester; Dr. Divorty; Mr. W. Chipperfield; Mr. Reardon, Dewsbury; Mr. Scovell, Horsham; Dr. Joyce, Rolvenden; Dr. Thompson, Dervock; Mr. Logan, Glasgow; Mr. Goodman; Dr. Long, Poona; Mr. Ireton; Dr. Walford, King's Lynn; Mr. Cripps, Cirencester; Mr. Costerton, Nantwich; Mr. Marshall; Mr. Oldham, West Hartlepool; Dr. Nattrass, Sunderland; Dr. Keith, Normanby; Mr. Tomlin, Coventry; Mr. Evans, Burton; Mr. MacCarthy, Sligo; Mr. Finney, Newcastle-on-Tyne; Dr. G. R. Barnes; Dr. Sheard; Dr. Lakin, Birmingham; Mr. Levi; Mr. Rotter; Mr. Annandale, Edinburgh; Mr. E. Madeley, Portsmouth; Mr. Taylor, St. Albans; Mr. W. Whitehead, Manchester; Mr. Williams; Mr. J. R. Crombie; Mr. Lacson; The Secretary of the Medical Club; H. F. S.; A Parish Doctor; H. H.; The Secretary of the Samaritan Fund; Vindicator; W. F. S.; L. W.; A Lecturer; F. R. W.; H. P. C.; &c. &c.

Newcastle Daily Journal, Allgemeine Wiener Medizinische Zeitung, Penrith Observer, Indian Medical Gazette, Weston Mercury, Rochdale Observer, Tiverton Gazette, Liverpool Leader, Porcupine, Chicago Evening Journal, Liberal Review, Barnsley Chronicle, and *Mayo Examiner* have been received.